Medical Economics

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It stimulates the alimentary canal and produces improved muscle tone and muscle nutrition. A helpful respiratory and vasomotor stimulant.

Such care is devoted to the preparation of FELLOWS' SYRUP that only by insisting upon "FELLOWS" can the same unvarying quality be assured.

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26 Christopher Street **New York, N. Y.**

XUM

Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

JUNE 1940

Cover photo by R. I. Nesmith

ENTER THE PRECLINICIAN . . . . . *Malford W. Thewlis*, M.D. 38
Exploring the rich frontier beyond preventive medicine

OPPORTUNITIES FOR MEDICAL PRACTICE . . . *Daniel Harris*, PH.D. 42
A State-by-State guide to promising locations

WILL THE A.M.A. INDICTMENT STAND? . . *Carl Scheffel*, M.D., LL.B. 54
Clarifying medicine's first line of defense

TROUBLE IN YOUR OLD KIT BAG? . . . . . *Henry P. Malmgreen* 57
Details about well-planned medical kits now on the market

A FOUR-POINT HEALTH EXAMINATION SERVICE 65
Printed forms that help build practice

BUSINESS RAPS STATE MEDICINE 70
U.S. Chamber of Commerce campaign will reach millions

INVESTING IN INDUSTRY . . . . . *Raymond Hoadley* 72
The container companies

SECRETARIES, CUSTOM-MADE . . . . . *Martha Hawkins* 81
How and where to "order" an assistant

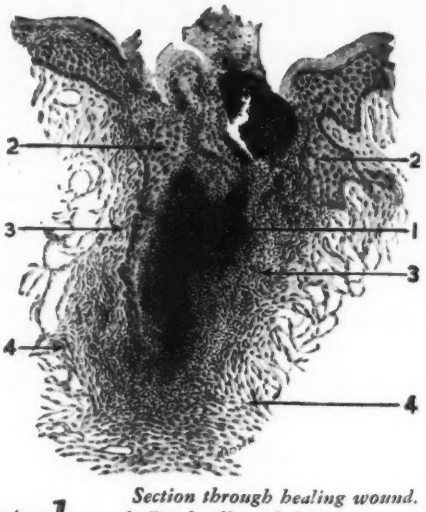
SPEAKING FRANKLY	8	JUST PUBLISHED	77
SIDELIGHTS	29	SEPARATE LEDGER FOR DEADBEATS	78
EDITORIAL	37	PAMPHLETS ON STATE MEDICINE	88
METAL, VENETIAN-TYPE AWNINGS	41	ON LIFE EXPECTANCY	88
PRIVATE LIVES	48	DON'T BE AFRAID TO SUE!	91
EPIC OSLER CANVAS COMPLETED .	53	DUPLEX ELECTRICAL OUTLETS . .	92
LOCATION TIPS	56	SLIP-COVERS SAVE MONEY	92
CHECK . . . AND DOUBLE CHECK . .	63	THE NEWSVANE	95
NEW AIDS TO PUBLIC RELATIONS .	68	BOOKS IN EXCHANGE FOR IDEAS .	100
LET YOUR OFFICE GROW WITH YOU	69	WHERE TO FIND OUR ADVERTISERS	126

CIRCULATION: 135,000

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1. Dead cells and detritus.
2. Regenerating epithelium.
3. Regenerating connective tissue.
4. Budding new capillaries.

Accidental Wounds

The combination of glycerine with iodine or boric acid is considered by many physicians as ideal for the dressing of wounds.

There are probably few products in which this combination of ingredients is so well compounded and proportioned and which so well fulfills the desiderata for a satisfactory surgical dressing as does

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It is bacteriostatic, decongestive and pain-relieving.

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The Denver Chemical Mfg. Co., 163 Varick Street, New York

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B-D Asepto Syringe No. 2030, ⅛ oz. capacity. The bulb permits gentle, even regulation of the injection under perfect one-hand control.

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Made for the Profession

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XUM



In Post-Infectious Debility and Anemia



Through the systemic influence of its valuable ingredients, Fraisse ferruginous compound of iron and strychnine cacodylate with glycerophosphates stimulates hemopoiesis, improves muscular tone and strength, and exerts the well-known tonic effect of arsenic. Injection is painless; absorption is rapid, hence therapeutic results are quickly discernible.

E. Fougera & Co., Inc.

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"OLD FAITHFUL" MAY STILL LOOK LIKE THIS

To You!...



BUT IT MAY LOOK LIKE THIS TO YOUR PATIENTS

A veteran of 20 years, this Tycos was still accurate when it retired in favor of a new Tycos Aneroid.

YOU and your old Tycos have gone a long way together. You've never questioned the ability of "Old Faithful." Through the years your instrument has remained highly accurate and dependable. To your casual, accustomed eyes it's as good as a new Certified Tycos.

But your patients have no reason to feel as you do. They merely see a worn, dog-eared old instrument that has seen better days.

The new, improved Certified Tycos Aneroid with its 10-year guarantee is modern and smart. Its non-tarnishing silvery dial makes it easier to read. Its automatic check on accuracy, its lightness, compactness, unbreakable crystal make it preferred by thousands of doctors. It has more wear resistance and accuracy than any before it. Constant, rigid tests have demonstrated its enduring accuracy. The latest evidence is in an amazing "200-year test" made last summer. Details are available if you are interested. Ask your surgical supply dealer. Taylor Instrument Companies, Rochester, New York.

CERTIFIED **Tycos** INSTRUMENTS

with 10-year guarantees



"I'm twins, too," said Elsie

"YOU ONLY look like ONE cow to me," said young Mr. Reynolds to Elsie, the Borden cow.

"Oh," smiled Elsie, "I didn't mean that I was twice as many as I am. I just meant that I *feel* like twins because I get enough attention for any two normal cows."

"Elsie," said the papa, "you're bragging."

"Not at all," Elsie insisted. "You should see the clean barn I live in—why it's a regular cow hotel. And a nice young veterinarian checks up on my health regularly. And . . ."

"You don't need to go on, Elsie," Mr. R. interrupted. "I can see you're pampered. But I didn't think *anybody* would go to all this trouble just for milk."

"Oh, it isn't just for milk," replied Elsie. "It's also for Dryco, Klim, evaporated milk, malted milk, and all the other Borden products. And, believe me, it pays—*they're all terribly good.*"

* * *

Borden experts, scientists, and laboratory workers exercise an eternal vigilance over the quality and purity of all Borden Products, from the farm to the placing of the product in the consumer's hands. That is one reason why "Borden" is such a reassuring name on *any* milk product you may prescribe.

THE BORDEN COMPANY
350 Madison Avenue · New York City

Grapefruit and the Maternal Diet



NORMAL pregnancy and lactation greatly increase the demand for all of the food elements, because the fetus acts as a parasite. If its nutritional requirements are not met through the mother's diet, food materials are secured from her body, even to the extent of breaking down the maternal tissues. Calcium, for example, may be taken from her bones or teeth.

Of prime importance during this period is an abundant, well-balanced diet, one especially rich in calcium, vitamins, and mineral salts. The mother requires a generous intake of Vitamin C, both to maintain her own health and to ensure an adequate store to the infant at birth and a sufficient supply during lactation.

Citrus fruits are an outstanding source of Vitamin C, and they provide appreciable amounts of other vitamins as well as mineral salts, citrates, and easily assimilable sugars. ***Moreover, the addition of citrus fruits to the diet increases the assimilation and retention of calcium derived from other foods.***

Many physicians, dentists and dietitians counsel the consumption of grapefruit juice ***in addition*** to the usual intake of citrus fruit. Its fresh and invigorating flavor makes it ideal. *Canned* grapefruit juice is high in all the values attributed to fresh fruits, is convenient to use and readily available at all seasons.

Grapefruit may be taken at various times of day without affecting the appetite for the coming meal.

As a variant and supplement to the habitual consumption of citrus fruit, grapefruit juice helps to raise the usual "minimum" intake of vitamins and minerals to that "optimum" which makes for health in mother and child. In canned form, it is extremely economical.

The Citrus Commission of the State of Florida has prepared a treatise on the citrus fruits in their relation to health, with a full bibliography; a copy will be sent to any member of the medical profession upon request.

FLORIDA CITRUS COMMISSION
STATE OF FLORIDA

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Please send me your book, **CITRUS FRUITS AND HEALTH.**

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Profession_____

The statements in this advertisement are based on the following numbered references in "Citrus Fruits and Health": 62, 63, 64, 65, 69.

speaking frankly

CHAMPION?

TO THE EDITORS: I'm surprised at the criticism of Dr. Elliott's medical-expense plan which is expressed by Waldemar Kaempffert in his letter appearing in your May issue.

Self-styled champions of the poor are very liberal with the other fellow's time, money, and service. Mr. Kaempffert, who upbraids doctors for "milking" the low-income group, does not, I wager, contribute one tenth of the money or time that is contributed by a single physician working in any New York City clinic. The gentleman should devote his efforts to seeing that the income of the poorer classes is raised, rather than advocating that the doctor be reduced to the same level.

M.D., New York

FAIR

TO THE EDITORS: I believe I recall that, sometime last year, you published a doctor's guide to the New York and San Francisco world's fairs. If this is the case, will you kindly inform me of the issue in which it was published?

M.D., New Jersey

[*"A Doctor's Guide to the World's Fairs" appeared in June* (1939) MEDICAL ECONOMICS. *In general, it may be safely and profitably used by visitors to either exposition again this year, although a number of exhibits have been altered to some extent since last Summer. The Professional Club, which last year served as a convenient gathering place for physicians at the New York fair, has been discontinued this year. However,* MEDICAL ECONOMICS *has been informed by fair officials that the secretary in charge at the Hall of Medicine will, by acting as a sort of registrar, assist physicians who wish to contact colleagues who may at the same time be visitors.*—THE EDITORS]

POLLY-TECHNIQUE

TO THE EDITORS: Apropos of Dr. White's article on discussing fees, in your April issue, I think you might be amused to hear how this delicate matter was handled by a certain physician in St. Louis nearly forty years ago.

This ingenious man kept a parrot in his waiting room. Each time a patient entered, the gaudy bird would give him an unwinking stare and screech: "Got your money? Got your money?"

Edmond G. Thomas
New York, N.Y.

HISTORIC

TO THE EDITORS: Recently I read a new historical novel which contains much important medical history. It is called "Lee on the Levee," and it intimately presents a lost chapter in the life of Dr. William Beaumont, pioneer American physician and physiologist. The novel* deals with a period when the Beaumont family and the family of Robert E. Lee occupied together the old Governor Clark mansion (of Lewis and Clark fame) in St. Louis while Lee did his invaluable engineering work on the Mississippi.

The famous Alexis St. Martin shooting incident at Mackinac Island in 1822 is dramatically portrayed. To my knowledge, this is the first time that Dr. William Beaumont has appeared in fiction. The novel is

*See listing in "Just Published," page 77.

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● Steripads are ready-to-use, neat and uniform, for a host of minor dressings. They save time and eliminate cutting and folding gauze by hand. Steripads furnish protection without excessive bulk. They are packed in individual envelopes and sterilized.

Steripads are supplied in boxes of 25 or 100, sizes 3" x 3", openable to 3" x 9"; 4" x 4", openable to 4" x 16".

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STERIPADS

Johnson & Johnson

NEW BRUNSWICK, N. J. CHICAGO, ILL.

XUM

ANALGESIC
ANTIPRURITIC
ANTISEPTIC

CAMPHO-PHENIQUE



You may depend on Campho-Phenique to provide a favorable clinical response in the palliative treatment of prickly heat, sunburn, common insect bites, hives, eczema and pruritis. Applied locally it tends to minimize the discomfort, inflammation and itching. Moreover, when used regularly, or as a wet pack, it interrupts the tendency to secondary skin infections.

Campho-Phenique is a solution of Camphor and Phenol in a bland neutral oily base combined with aromatics to produce an efficient non-caustic antiseptic dressing.

CAMPHO-PHENIQUE CO.
700 N. Second St. • St. Louis, Mo.

based on a series of recently discovered letters from the Lee family to the Beaumonts, and is therefore well authenticated. Dr. Arno B. Luckhardt of the University of Chicago, discoverer of the anesthetic properties of ethylene, obtained these letters from the Beaumont heirs for the extensive collection of Beaumont memorabilia at the Billings Hospital.

The novel offers an excellent example of the countrast in the relative values of the soldier and the doctor to society and to civilization. The career of General Robert E. Lee, admirable character and superb military man that he was, merely resulted in the destruction of that many more human lives, whereas Dr. Beaumont's work on the stomach of Alexis St. Martin has been an inestimable boon to the welfare of mankind. It would be difficult to find two characters who present this contrast more strikingly.

M.D., Illinois

SPILL-PROOF

TO THE EDITORS: Will some one please invent a spill-proof iodine bottle? I've tried almost every kind of stopper on the market, after ruining several sets of good instruments, and none of them works. It's getting me down.

M.D., New Jersey

JOBLESS

TO THE EDITORS: Poverty and privation are much more widespread among physicians than anyone in the profession would care to admit. I, for one, have been on WPA for several years, and was removed from the rolls recently because of the eighteen months' law. I have been unable to find anything else to occupy my time and furnish me with the necessary means of existence.

Should we really look to the Government to give us "made jobs" when in need of medical work? I think the problem should be solved by the med-

STRENGTH
FOR THE GROWING CHILD



Neobovinine *with* Malt *and* Iron

AN EFFECTIVE AND NUTRITIOUS HEMATINIC
. . . PALATABLE . . . APPETITE STIMULATING



Give the growing child Neobovinine with Malt and Iron, as a complement to the regular diet. Provides Liver Concentrate, Iron, Malt and Minerals to assist in building strength and energy. Neobovinine with Malt and Iron is indicated for the treatment of secondary anemia, or as a general reconstructive following debilitory illness.

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Effective ANTIVIRUS THERAPY WITH

ANTIPEOL

(BACTERIAL ANTIGEN)

For Pyogenic Infections of the Skin and Mucous Membranes

Antipeol is the modern day local treatment for abscesses, furuncles, varicose ulcers, acne pustulosa, styes and similar indications.

Prepared in liquid and ointment form from filtrates of staphylococci, streptococci, and B. pyocyaneus, Antipeol acts to stimulate the natural immunity of the skin. Antipeol normally checks infiltration, liquefies and disperses pus, and stimulates granulation. Pain is quickly relieved, and the healing process hastened. Application is simple, and non-irritating. Test Antipeol on your next case.

BIO-THERAPEUTIC LABORATORIES, Inc.
East Orange New Jersey



Samples and literature on request

ical profession itself, through more sincere cooperation and less discrimination against colleagues willing to work. We did not become destitute because we are morons or loafers. Everyone who has acquired a medical degree has an aptitude for some kind of medical work.

How about returning to WPA? In the school to which I was assigned, my work was apparently appreciated. I was asked to return. But if a person still has from $50 to $100, he is not destitute enough to get on the relief rolls. And WPA remuneration is now only $20 per week for thirty hours.

Please do not refer me to my county society. I have tried that before. I wish a constructive plan could be worked out by the profession to protect its members from lean days.

M.D., New York

NEGLIGENT

TO THE EDITORS: Elimination of small but efficient medical schools discouraged many good men from becoming M.D.'s Many of these men have become cultists to earn a living —and at the same time practice regular medicine and surgery, though surreptitiously.

The A.M.A. has lowered the standards and efficiency of medical practice by thus leaving the back door wide open. Its duty to correct this condition is clear.

Louis L. Hills, M.D.
Westbrook, Me.

APPRECIATION

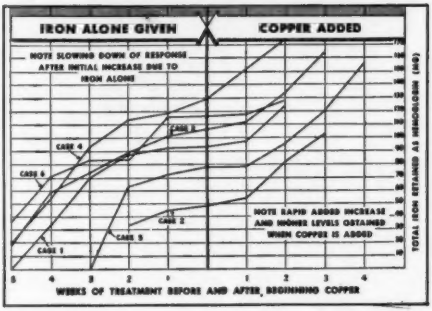
TO THE EDITORS: The numerous letters in your publication from dissatisfied or unhappy doctors' nurses and secretaries prompt me to mention the following experience.

I was recently invited by a physician friend to a testimonial dinner in honor of his nurse, who has faithfully and contentedly served with him for the past ten years. In addition to the

COPPER *with* IRON

It Pitches the Hemoglobin Higher

Hutchison Study Shows Increased Conversion of Iron into Hemoglobin when Copper is Given . . .



Graphic record of six typical cases from the Hutchison Study. Note first the iron retained as hemoglobin when iron alone was given. Then notice the additional rise when forty milligrams of copper per week was given. Hutchison's work confirms the findings of many other scientists—that copper given with iron achieves maximum hemoglobin rise in nutritional anemias. Iron retention levels shown above are cumulative.

A SIGNIFICANT phase of the studies by Dr. James Hutchison of the University of Glasgow, is the greater speed with which iron is converted into hemoglobin, and the *higher* hemoglobin level attained, following the administration of small amounts of copper.

Says Dr Hutchison, "The ability of copper alone to produce a high final hemoglobin level in some instances has been a notable feature in this series of cases. . . . The administration of iron produced a large iron-storage in the body Of this store, only a small amount went to hemoglobin formation, the remainder being apparently unavailable as the hemoglobin level ceased to rise appreciably until the administration of copper caused some of the stored iron to be liberated into the blood-stream for transportation to, and utilization by, the hematopoietic centers in the bone marrow."

To shorten the period of medication, to avoid digestive upsets resulting from massive doses of iron, to obtain the maximum rise in the hemoglobin level, and hasten the patient's restoration to normal activity, why not avail yourself of Copper-Iron Compounds licensed by the Foundation? These products contain copper and iron in proper proportion, are regularly tested and approved. Let us send you reprints of the Hutchison report, and other helpful literature on copper-iron therapy for nutritional anemia.

Manufacturers of Copper-Iron Compounds licensed by Wisconsin Alumni Research Foundation are entitled to use this Seal on their products and in advertising. All licensed products are periodically tested by the Foundation Laboratory for Copper and Iron, whether or not the Seal appears thereon.

Approved for COPPER-IRON upon periodic tests

WISCONSIN ALUMNI RESEARCH FOUNDATION MADISON, WISCONSIN

ME-640

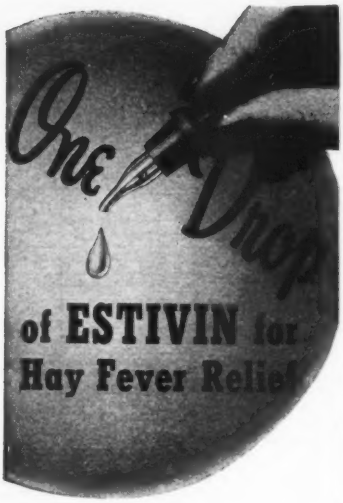
Please send me the Hutchison Studies, also "Building Hemoglobin" and a list of licensed products.

Name.....

Address.....

City.....*State*.....





ESTIVIN is prompt in action. A single application usually alleviates the distressing ocular and nasal symptoms of hay fever—itching eyes, lacrimation, spasmodic sneezing and excessive nasal discharge.

A specially prepared solution of rosa gallica, Estivin exerts a soothing effect upon the irritated membranes and permits the hay fever patient to pursue a normal mode of living during the dreaded pollen months.

One drop in each eye 2 or 3 times daily is generally sufficient to keep the average patient comfortable during the entire hay fever season. In the more severe cases, additional applications whenever the symptoms recommence will keep such patients relieved throughout the day.

Literature and Samples on Request

Available at all druggists in a 2-dram vial, complete with dropper

Schieffelin & Co.
20 Cooper Square New York, N. Y.
Pharmaceutical and Research Laboratories

physician, his wife, and myself, the group included the nurse's husband and others. To me, the occasion was the nicest kind of a tribute that could be paid to the nurse, and she was truly overjoyed.

This physician uses the right psychology in showing that he appreciates his assistant, not only as an employe, but as an individual who will serve him best when happy.

If other practitioners would follow his example, showing appreciation in some form or other, the discontent expressed by your correspondents would certainly be lessened.

Francis G. Walsh, SC.D.
New York, N.Y.

SELF-EULOGY

TO THE EDITORS: When will the doctor wake up and forget all this silly self-eulogizing—this hypnotizing talk of humanitarianism, ethics, professional dignity, and a host of other high-sounding but meaningless phrases? When will he become a business man?

Do lawyers, dentists, and the submedical cultists donate their services so recklessly? Not so you'd notice it. They refuse to compete among themselves or with their confreres, as M.D.'s compete. They admit, even to others, that they are in business and carry on in a business way. And they're no worse off for their frankness.

We sob about irregulars nosing in on our territory. Are they? I think not. We have *surrendered* all the territory they cover. Most of them are simply doing a job we regulars refuse or don't want to do.

Take one example: neurotics. The psychological charlatans do much for these unfortunates. Why? Because the regular doctor is too busy, lazy, or ignorant to realize his opportunity. He dismisses these patients with a bromide and an attitude of defeat, and then looks for sympathy when the pseudo-scientist caters to them. I



LACTOGEN ... SO EASY TO USE!

In homes where there is no refrigeration, and when a mother takes her baby traveling or on a vacation, fresh, individual feedings of Lactogen can be prepared whenever the child is ready for a bottle.

Where refrigeration is available, a 24 hours' supply of the diluted feeding may be prepared in advance.

The busiest or most inexperienced mother can hardly fail to make the Lactogen formula correctly, for she need only dissolve the prescribed amount of Lactogen in warm water which has been previously boiled. This ease in preparation is the best assurance of correct use.

Lactogen is made entirely from cows' milk, recognized as a very successful substitute for mothers' milk when offered in proper form and proportion.

The cows' milk is fortified with additional milk fat and milk sugar to match human milk proportion of fat, protein, and carbohydrates.

Lactogen is an easily digestible food because the characteristics of the casein are changed to form fine and flaky curds ... and the fat globules are physically broken down.

No advertising or feeding directions, except to physicians.

For free samples and literature, send your professional blank to "Lactogen Department."

NESTLÉ'S MILK PRODUCTS, INC.
155 EAST 44TH ST., NEW YORK, N. Y.



ONE of the outstanding uses for Ceanothyn is its prophylactic administration against capillary bleeding in tonsillectomies, laparotomies and other surgical procedures.

By increasing blood coagulability, Ceanothyn gives the surgeon a clear field of vision and effectively conserves the patient's blood.

CEANOTHYN

is an extract of Ceanothus americanus, containing the alkaloids in uniform solution (alcohol 10%).

Indications: Menorrhagia • Metrorrhagia • Epistaxis • Hematemesis • Hemoptysis • Menopausal bleeding • Bleeding ulcers • Preceding surgery • Postoperative capillary bleeding.

Average dose: 4 drams—repeat in 20 minutes if necessary.

May we send you a sample for clinical trial?

FLINT, EATON & COMPANY
DECATUR ILLINOIS

can't resist asking: How many G.P.'s are able to even diagnose hysteria correctly?

The A.M.A. has done a good job—but so did the "Model T." What we need is a streamlined, 1940-model organization. We should not be "too proud to fight" for the preservation of a noble, but very sick, profession.

M.D., Michigan

UNPOPULARITY

TO THE EDITORS: Every successful practitioner hears favorable comments about his work. But the adverse criticisms whispered behind his back remain a menace to his practice.

How to detect them, so as to correct false impressions?

I think I've found the answer.

To a patient who recently entered our community, I explained what I wanted. He consented to make a survey for me. As he was practically unknown in this part of the country, his purpose would be unsuspected. I gave him a list of twenty people I suspected of being either "neutral" or against me.

He diplomatically interviewed every one on the list. His pretext was that he was new in town; he wanted to find out which doctor he should consult. He came back with a "patients'-eye-view," which in only two cases was unflattering. All in all, the experiment provided a thoroughly frank and helpful evaluation.

M.D., California

MIRAGE

TO THE EDITORS: Claims are being made by agitators that their "systems" would remedy our ills. But claims and performances do not always agree. It might profit us to examine the results of change during recent years.

Does anyone remember when agitators were telling us that the income-tax amendment would solve all our tax problems? Over sixty billions have been collected from incomes. Still additional taxes mount up. Hundreds of

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PHILCO YORK AIR CONDITIONER



Yes, your office can be cool and refreshing even during the most blistering hot mid-summer weather! And at a lower price than was ever thought possible!

A Philco-York Portable Air Conditioner enables you to work more efficiently and comfortably in cool, dry, fresh, clean air. Your instruments, uniforms and all your equipment remain clean and hygienic far longer. And your patients, too, will greatly appreciate the refreshing, odorless atmosphere. This amazing air conditioner more than pays for itself in increased efficiency, comfort and good will.

Get a Philco-York Air Conditioner for your office now! Easily, quickly installed. No plumbing . . . no wiring. Just plug into any electric socket. Mail coupon for free booklet and full details of our Easy Payment Offer!

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Philco-York Portable Air Conditioner designed especially for professional offices such as yours. Gives complete air conditioning service. Draws in fresh outside air, wrings the moisture out of it . . . filters out dirt, dust and pollen . . . cools the air . . . gently circulates it around your room. Stale air is constantly replaced with fresh, clean, filtered air. Exceedingly quiet in operation . . . most attractive in appearance . . . doesn't take up one single foot of floor space! Street noises are shut out. You work in complete comfort and quiet! And it is priced amazingly low!

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CITY ..... STATE .....

Anti-Menorrhagic Factor Glanules Armour

IN CASES OF

FUNCTIONAL UTERINE HEMORRHAGE

•

Excessive uterine bleeding unassociated with neoplasm is known as functional uterine hemorrhage or menorrhagia.

In treating secondary anemia associated with functional uterine bleeding, clinicians observed that crude anti-anemia liver preparations, given orally, not only improved the blood picture, but brought about also a return to normal of the menstrual flow in many patients. This empirical observation led to a search for the hemorrhage controlling fraction in liver.

The anti-menorrhagic activity of liver extract was found to be in the lipoid fraction. It is available now in concentrated form as Anti-Menorrhagic Factor Glanules Armour, in boxes of 25, 50 and 100 sealed gelatin capsules (glanules). The dose is 3 to 6 glanules, or more, daily.

Cumulative effects have been observed in younger women during the reproductive period.

Menorrhagia associated with approaching menopause is controlled usually by larger (periodical) doses than those required by younger patients.

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ARMOUR and COMPANY

General Office • Chicago, Illinois

millions are treated as small change. Successful industries are being taxed out of existence. Thinkers are wondering how it will end.

Then these gentlemen told us that our troubles were due to the fact that Senators were not elected by a direct vote. We have the amendment now. See what has happened. The President talks about buying votes with telegrams. Senators refer to bribes and threats. Congress can little more than choose between pressure groups. Are present Senators of higher moral or intellectual caliber? I doubt it.

Later we were told that women's suffrage would purify politics. There is more corruption and incompetence in government today than at any time in our history.

But propagandists were not discouraged. They turned to Prohibition. Here was the monster eating our vitals. We were to be the contented wage-earner returning with a fat envelope to his happy family.

Has any of these things been realized?

In medicine, agitators now tell us that socialized medicine would result in increased availability of service, reduced costs, rapid progress in preventive medicine, and greater opportunities for physicians.

Are we to be fooled again?

Fred D. LaRochelle, M.D.
Longmeadow, Mass.

FOUND

TO THE EDITORS: We are seeking good, honest advice in office planning, effective collection, wise investments, and how to avoid business pitfalls. These can be gleaned from the pages of MEDICAL ECONOMICS without boredom or labor. MEDICAL ECONOMICS is never thrown away. After I have studied it, my office nurse scans it; and finally, my wife looks into it.

David Edward Overton, M.D.
Hempstead, N. Y.



SPECIAL OFFER TO HOSPITALS.
Hospitals may now buy Hygeia Bottles and Nipples at about same cost as ordinary equipment.

SAFER...
because easier to clean

● It was 46 years ago when Dr. William Decker realized the need for 100% cleanliness in nursing equipment. A gastro-intestinal infection which his baby daughter contracted, was traced to an unclean, old-fashioned small-neck bottle.

As a result, Dr. Decker invented Hygeia. Wide-mouth and smooth rounded corners make the bottle easy to clean without a brush. Nipple is easily inverted so it can be cleaned thoroughly inside and out. No crevices where dirt can collect.

Your recommendation of Hygeia Nursing Bottles and Nipples may guard against the careless mother and help lower infant mortality.

HYGEIA NURSING BOTTLE CO., INC.
197 VAN RENSSELAER ST. BUFFALO, N.Y.

Accepted for advertising in the publications of the American Medical Associations.

ORETON

SCHERING'S MALE SEX HORMONE

Potent therapy for the male climacteric, impotence of androgenic deficiency and for the symptomatic relief of prostatism. Oreton in ampules for injection. Oreton-F Ointment in tubes and Toplicators for inunction therapy.

SCHERING CORPORATION — SCHERING — BLOOMFIELD, NEW JERSEY

INFANTS IMPROVED

by diet addition of

KNOX GELATINE *(U.S.P.)*

A lower incidence of vomiting, diarrhea, and constipation resulted from adding 1% and 2% plain, unflavored gelatine to milk fed a group of infants two years ago. An additional advantage was a decrease in the incidence of upper-respiratory infections.

Repetition of this work* has substantiated the results.

PLAIN *(Sparkling)* KNOX GELATINE (U.S.P.) was used in all these studies.

CONVENIENT GELATINE PROPORTIONS:

1%

One envelope to 3 pints or 1 level teaspoon to 18 ounces of milk.

2%

One envelope to 1½ pints or 1 level teaspoon to 9 ounces of milk.

(Formula Sent Upon Request)



KNOX GELATINE

IS PURE GELATINE—NEUTRAL

NO SUGAR

SEND THIS COUPON FOR FREE REPRINTS

* Further Clinical Observations on Feeding Infants Whole Milk, Gelatinized Milk, and Acidified Milk, C. LORING JOSLIN, M.D., F.A.A.P.; Bulletin of the School of Medicine, University of Maryland; Jan. 1939.

KNOX GELATINE, Johnstown, New York, Dept. 448.

Please send me above reprint.

Name _____

Address _____



The

FASTIDIOUS MOTHER

The refreshing comfort that the fastidious postpartum patient obtains from a deodorizing douche prepared with LORATE, contributes in no small measure to her well-being during the confinement period.

Women are pleasantly surprised to find no tell-tale medicinal odor from the use of Lorate. Physicians like Lorate for its effectiveness as a detergent, for its mildness and non-irritating properties. Sodium perborate, bicarbonate and chloride, with menthol and aromatics, are skillfully blended to make Lorate a good cleansing, neutralizing and deodorizing powder for the preparation of the douche.

Lorate is used as a detergent in leukorrhea; for cleansing after menstruation; Trichomonas vaginalis and other forms of vaginitis; in cervicitis; following gynecological operations; for pessary wearers; as a deodorant in conditions attended by fetid discharge. A trial supply will be sent upon request. Lorate is supplied in 8-ounce containers.



LORATE

THE THERAPEUTIC DOUCHE POWDER

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FOR HAY FEVER



DRAMATIC SYMPTOMATIC RELIEF IN MOST CASES THROUGH THE CONCERTED *LOCAL and SYSTEMIC ACTION* OF A SYNERGETIC COMBINATION OF DRUGS

CONTROLLED tests and wide clinical experience have demonstrated the unusual subjective relief that Arlcaps can give many patients receiving, or being prepared to receive, specific treatment. Its combined sedative, analgetic and vasoconstrictive action usually helps effectively to dry nasal secretions . . . decrease nasal blocking . . . abate wheezing spells . . . and subdue the spasmodic coughing following an acute bronchial attack. Arlcaps' balanced formula of phenobarbital, acetylsalicylic acid, ephedrine hydrochloride, and alkaline bases, has proved far more successful in most cases than ephedrine alone. Write for samples.

Available: In bottles of 25 5-gr. capsules for adults, and 35 3-gr. capsules for children; also in dispensing bottles of 500 capsules each. *Dosage:* one capsule night and morning, as directed by a physician.

THE ARLINGTON CHEMICAL CO., YONKERS, N. Y.

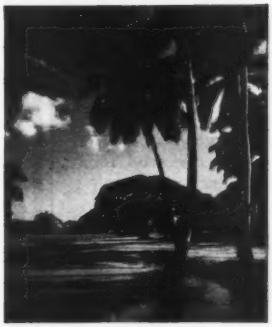
ARLCAPS

XUM

LOOK—IT'S FEEDING TIME ON DOLE PINEAPPLE PLANTATIONS



1 Yes . . . Dole pineapple plants are actually "fed." Needing more iron than the plants themselves are able to extract from the rich Hawaiian soil, every plant is fed with an iron sulphate solution. This is just another example of how the Dole Plantations bring science to the aid of nature to produce fruit and juice of maximum flavor and nutritive value.



2 Here in beautiful Hawaii pineapples achieve a luscious perfection possible nowhere else. Warm sun, gentle rains and rich soil combine to create fruit of matchless goodness.



3 Dole Pineapple Juice is a good source of vitamins B and C, and contains vitamin A. It is high in quickly available food energy. Best of all, it tastes good—and is a welcome variation in the convalescent diet. *There is no sugar added to Dole Pineapple Juice and no preservative. It is pure, undiluted fruit juice.*

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FOR YOUR PATIENTS' PROTECTION

Firstaid Surgical Dressings — Firstaid Reel Roll Cotton — Adhesive Plaster and Gauze • The Cotton is double sterilized and packed in permanently clean, dust-proof packages

Firstaid surgical dressings are processed and packaged under the control of scientists of the United Drug Company's Department of Research and Technology in one of America's finest and most modern laboratories. Firstaid Reel Roll Cotton comes to you untouched by hands until required. It is never exposed until needed, needs no scissors for cutting and there is no waste in this simple, practical package that is so convenient for nurses and surgeons. Sold only at Rexall Stores, of which there are 10,000 in the United States, Canada and throughout the world. Liggett and Owl Stores are also Rexall Stores.



For convenience and dependability, get your prescriptions and drug store supplies at your conveniently located Rexall Drug Store.

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A—Photomicrograph of a fresh smear showing live motile Trichomonas Vaginalis.

B—An almost pure culture of Doderlein bacilli during treatment with Floraquin.

Restorative IN VAGINAL LEUKORRHEA

THE mucosal defense mechanism of the vagina is a highly important factor in the therapeutic campaign against vaginal leukorrhea.

In addition to exerting a protozoacidal action, Floraquin adjusts the vaginal pH, supplies carbohydrates for glycogen rehabilitation of the mucous membrane, encourages growth of the normal vaginal flora—the Doderlein bacillus.

Floraquin contains the protozoacide, Diodoquin (5-7-diiodo-8-hydroxyquinoline) together with specially prepared anhydrous dextrose and lactose, adjusted by acidulation with boric acid to a hydrogen ion concentration which produces a normal pH of 3.8 to 4.4 when mixed with the vaginal secretions.



The comprehensive regimen afforded by Floraquin Powder and Floraquin Tablets in conjunction with acid douches (weak vinegar solution) has proved effective in the treatment of vaginal leukorrhea, regardless of its causative factors.

For Office Insufflation—Floraquin Powder, bottles of 1 oz. and 8 oz.

For Home Routine—Floraquin Tablets, boxes of 12 and 24 tablets.

G. D. Searle & Co.

Ethical Pharmaceuticals Since 1888

CHICAGO

NEW YORK KANSAS CITY SAN FRANCISCO

Even a doctor may sometimes forget!

We realize that you know more than we do about the effects which caffein has on the human system. But we're sure that you won't mind if we repeat these four cardinal points . . .

1. The caffein in coffee . . . even in small amounts . . . may dull the sense of fatigue. At the same time, it may cause the sleeplessness that robs the system of rest.

2. The use of coffee may be contraindicated in certain cardiac and nervous diseases. If continued, its use may cause pulse irregularity, constipation, diarrhea, loss of appetite, etc.

3. Like the effects of any stimulant, the effects of caffein may *last as long as 48 hours*, in many cases!

4. At the first sign of harmful effects of caffein, many doctors urge the patient to "Switch to Sanka Coffee." (Sanka Coffee is 97% caffein-free, so cannot produce any of the harmful effects due to caffein.)

SANKA COFFEE

REAL COFFEE . . . 97% CAFFEIN-FREE

NOTE TO DOCTORS: Try Sanka Coffee yourself – at our expense. Mail the coupon for a quarter-pound can. Sanka Coffee has been accepted by the Council on Foods of the American Medical Association with the statement: *"Sanka Coffee is free from caffein effect and can be used when other coffee has been forbidden."* Sanka Coffee is available in "regular" grind, and in the popular, new "drip" grind. Make Sanka Coffee strong . . . a heaping tablespoon to a cup. A General Foods Product.

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Please send me, free and without obligation, a one-quarter pound can of Sanka Coffee.

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This offer expires Dec. 31, 1940. Good only in the U. S. A.

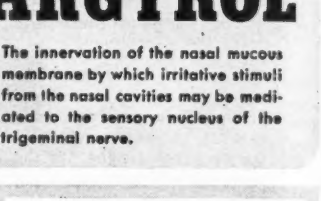
ELIMINATE THE REFLEX FACTORS IN ASTHMA AND HAY FEVER



WITH ARGYROL

The innervation of the nasal mucous membrane by which irritative stimuli from the nasal cavities may be mediated to the sensory nucleus of the trigeminal nerve.

In the medulla oblongata, the sensory nucleus of the trigeminus bears a close relationship to the reflex nuclei of the facial and vagus nerves, thus making it possible for irritative stimuli from the nose to be transmitted to the nasal turbinates (Facial N.) and to the bronchi (Vogus N.).



BOTH Haseltine and Dowling have pointed out that while allergy is the underlying factor in both Hay Fever and Asthma, local irritant foci within the nasal cavities may act as reflex excitants of these conditions. But more significant than this, it has been shown that striking clinical improvement often follows when the local foci are cleared up by means of a course of ARGYROL tamponade.* Indeed, patients commonly experience gratifying relief when such therapy is instituted.

But to insure your results in these conditions as in mucous membrane infections of all types it is essential to remember that ARGYROL is made *only by A. C. Barnes.* ARGYROL's long record of clinical preference and its therapeutic characteristics are based on the fact that it is chemically and physically different from other mild silver proteins. The ultramicroscope demonstrates in ARGYROL a much finer colloidal dispersion and a more active Brownian movement. ARGYROL's pH and pAg are carefully controlled, and above all, ARGYROL always remains non-irritating regardless of concentration. Now the new ARGYROL packaging assures freshness of solution and protection from light, heat and contamination. Specify "The Original ARGYROL Package" whenever ordering or prescribing.

**An illustrated reprint describing the technique of nasal tamponade will be sent upon request.*

INSURE YOUR RESULTS
SPECIFY THE



ORIGINAL ARGYROL PACKAGE

A. C. BARNES COMPANY, NEW BRUNSWICK, NEW JERSEY

For 39 Years Sole Makers of ARGYROL and OVOFERRIN

"Argyrol" is a registered trademark, the property of A. C. Barnes Company

SIDELIGHTS

A colleague reports an incident whose veracity we might question if we didn't know him the way we do. Seems he was leaving an apartment house, where he had just made a professional visit, when he discovered he had left his wallet at the office. Not wishing to disturb the patient and not knowing anyone else in the vicinity, he explained the situation to the doorman and asked for the loan of a dollar.

With a so-you're-the-guy look, the burly guardian of the gate swung from the hip.

Our friend recovered from his surprise quickly enough to dodge the blow. Observing another coming up, however, and being an old boxing blue himself, he countered with a sweet left to the chin. At which an astounded cop came from nowhere, collared the combatants, told the doctor "I'm ashamed of *you*," and marched them to the stationhouse.

There the doorman explained that on three occasions in the recent past he had lent money to strangers calling themselves "doctors," and that neither the money nor the borrower had ever returned. The desk sergeant confirmed his story that it was a current racket in that part of town.

This particular time everything ended happily. The doctor identified himself, the doorman apologized, and both dropped any intended charges. Nevertheless, we're making sure our pockets jingle these days before sallying forth on calls into unfamiliar neighborhoods.

✪

Anyone able to read a newspaper knows how effectively the scare technique has been used in European affairs. "If you can't persuade them reasonably, frighten them into compliance," is the apparent slogan of Goebbels, Gayda & Company.

This same technique is now being applied to propaganda against the medical profession. Shocking pictures are being painted to depict the sad state of our national health under private care.

In "The Cost of Being Sick," a Forum article, a woman narrates how her baby was "infected," and how she herself "almost bled to death" because she couldn't afford good medical care. In Pare Lorentz's "Fight for Life" the dismal plight of his pregnant leading ladies sends many a movie-goer home muttering, "The Government ought to do something about it."

Most recent example of fear injection is New York's late but unlamented "Medicine Show." This bit of dramaturgic ballyhoo for socialized medicine was based on material assembled by the Federal Theater Project—ostensibly from Government files. It depicted the medical profession as a suavely frock-coated physician who condemned people to disease-ridden death and thwarted progress with a calloused "It isn't ethical!" Manhattan playgoers, who insist upon being entertained at the theater, stayed away in droves. Consequently, "Medicine Show" folded after a comparatively short run.

In each of these propagandistic manifestations, the fear technique is easily apparent. Yet the public is not likely to recognize it. It doesn't know that the woman with the "infected" infant could have secured good medical care in spite of her poverty; or that maternal deaths have declined steadily during the past ten years. It

XUM



Why don't my intensifying screens last longer?

Is it because he hasn't handled his intensifying screens carefully enough—has let them become damaged or stained? Perhaps he doesn't clean them regularly. Yet, proper care of intensifying screens is a simple matter that makes such a difference.

That's why we've prepared a special booklet, "Minutes That Matter". It contains important pointers on how to get the maximum intensifying screen service . . . avoid retakes, reduce exposure time, cut down wear and tear on expensive equipment . . . simply by using quality intensifying screens in good condition.

We will gladly mail your copy of this helpful—and constantly useful booklet at once. Just write for Booklet No. 212.



THE PATTERSON SCREEN CO.
TOWANDA PA., U. S. A.

Patterson
X-RAY
Screens

26 YEARS OF CONCENTRATION ON ONE TASK
THE DEVELOPMENT OF BETTER X-RAY SCREENS

doesn't know that American physicians give $1,000,000 worth of free service daily to Mr. Lorentz's slum-dwellers and others like them.

Medicine is invariably polite and logical in its defense against attacks of the type cited. If it were not—if it employed the same weapons used against it, and described with equal sensationalism how illness and disability would be handled under socialized medicine—then the public would really have something to be scared about!

✪

Thinking of building a one-man medical office? Or an office wing on your home? Then here's a thought:

A separate two-man or multiple-office building might prove less of a strain on your pocketbook in the long run. Although the initial cash outlay would be greater, combined facilities could very well be provided in designing the structure; and rent from one or more other physicians (or dentists) would help amortize your investment.

Essential to the success of such a plan, naturally, are (1) attractive, rentable quarters; (2) a central location; (3) a rental figure that will afford a profit and still invite tenants; (4) a consistent local demand for professional office space.

It goes without saying that no project of this sort should be embarked upon without expert assistance. Especially vital are construction cost estimates and a study of prevailing rents; for only by means of these can the adequacy of the return on the investment be prognosed.

✪

Is a low-income family likely to pay $7 for the name of a physician who will provide medical care at substandard rates?

It doesn't seem so. Yet this is the essence of another new lay-sponsored plan to make treatment by private


LABORATORY CONTROL—
. . . the Key to Successful Estrogenic Hormone Therapy
THE physician realizes more and more the value of the close laboratory control that features the preparation of Estrogenic Hormones (R & C):
Meticulous processing. This product is made from prenatal mares' urine in a specially designed plant, employing only the finest modern equipment.
Rigid standardization. It is assayed biologically in comparison with the international estrone standard—always by two separate methods in our own laboratories, and then by an independent testing organization.
Careful filling. Vials and ampuls are filled in an air-conditioned laboratory, under the strictest aseptic precautions.
The low prices, made possible by original manufacturing processes, permit the widest employment of this superior agent—for either intramuscular or oral administration.
SUPPLIED
In oil solution for intramuscular administration—in boxes containing 6, 25, or 50 ampuls of 1 cc. (2,000, 6,000, or 10,000 I. U. each); also in vials of 5, 10, and 20 cc. (either 2,000, 6,000, or 10,000 I. U. per cc.). Tablets Estrogenic Hormones (R & C), for oral employment, are marketed in bottles of 50 (1,000 I. U. each).
REED & CARNRICK
JERSEY CITY, N. J.
ESTROGENIC HORMONES (R&C)



When dietary iron proves insufficient

In nutritional anemias, "step up" the hemoglobin index with Gude's Pepto-Mangan. It affords all the benefits of iron, reinforced by all the benefits of manganese—rendered fully assimilable by organic combination in peptonate form with partially predigested albumin. It is completely non-acid, non-irritant to gastric mucosa, and free from corrosive or staining effect on the teeth.

INDICATIONS:

For hypochromic condition in simple anemias, during convalescence, after operations or prolonged fevers, for undernourished children and elderly persons.

SUPPLIED:

In bottles of 11 fl. oz. or boxes containing 60 tablets, each separately enclosed in a safe and convenient wax-covered paper.

Each tablespoonful (15 grams) contains .2745 grams of peptonate of iron and .0973 grams of peptonate of manganese. Alcohol 16%.

Samples on Request

M. J. BREITENBACH CO
160 Varick St.
New York, N. Y.



GUDE'S
PEPTO-MANGAN

practitioners available to people of modest means.

What it boils down to is this:

Physicians are asked to give their services at no more than $1 for an office visit and $2 for a house call. Diagnostic procedures and operations are to be billed at whatever rates local clinics and dispensaries charge for them.

Cut prices are available only to families with incomes under $2,500 a year. The annual fee imposed upon the family by the plan is $7, in return for which it receives a list of cooperating physicians who have agreed to provide services at lowered rates.

The plan's purpose, in a nutshell, is to bring together physicians and marginal-income patients. The sponsoring non-profit organization states clearly that it does not provide any medical care.

The theory behind this scheme is sound. But applying it via a middleman, as described, is another matter.

In the first place, the physician who permits his name to be listed by an organization of unknown reputation risks identifying himself with medical men below his own standard. Investigation of a similar plan tried out before revealed a physician-membership made up largely of below-par, on-the-fringe practitioners.

Assume, secondly, that a family pays its initial $7. What incentive will it have to pay $7 again the following year? Should membership be dropped, and should the family continue to consult the same physician, he is scarcely likely to start charging a higher rate if there has been no increase in family income.

Any number of obstacles to the success of such a plan might be mentioned. For the sake of brevity, only two have been cited—one from the point of view of the doctor, the other from the standpoint of the patient.

Admittedly, the scheme described

PUTTING THE ARTHRITIC *Back to Work*



THE PHYSICIAN who has so long been baffled by the problem of arthritis, who has so often seen useful people hampered or crippled by this condition, will welcome a systemic treatment that is not just a temporary palliative measure.

It is Ertron—Whittier Process Vitamin D—which has been so productive of brilliant results in the treatment of chronic arthritis. The unique properties of Ertron merit its use in cases of long standing as well as those of recent origin.

Subjective and Objective Improvement in Arthritis

ARTHRITIS incapacitates patients to the extent of 100,000,000 days annually.

The pain and disability of arthritis remove many a useful person from activity, often making him a burden on family or community.

This challenge to medical science can now be met by a new systemic treatment—

ERTRON

Reg. U. S. Pat. Off.

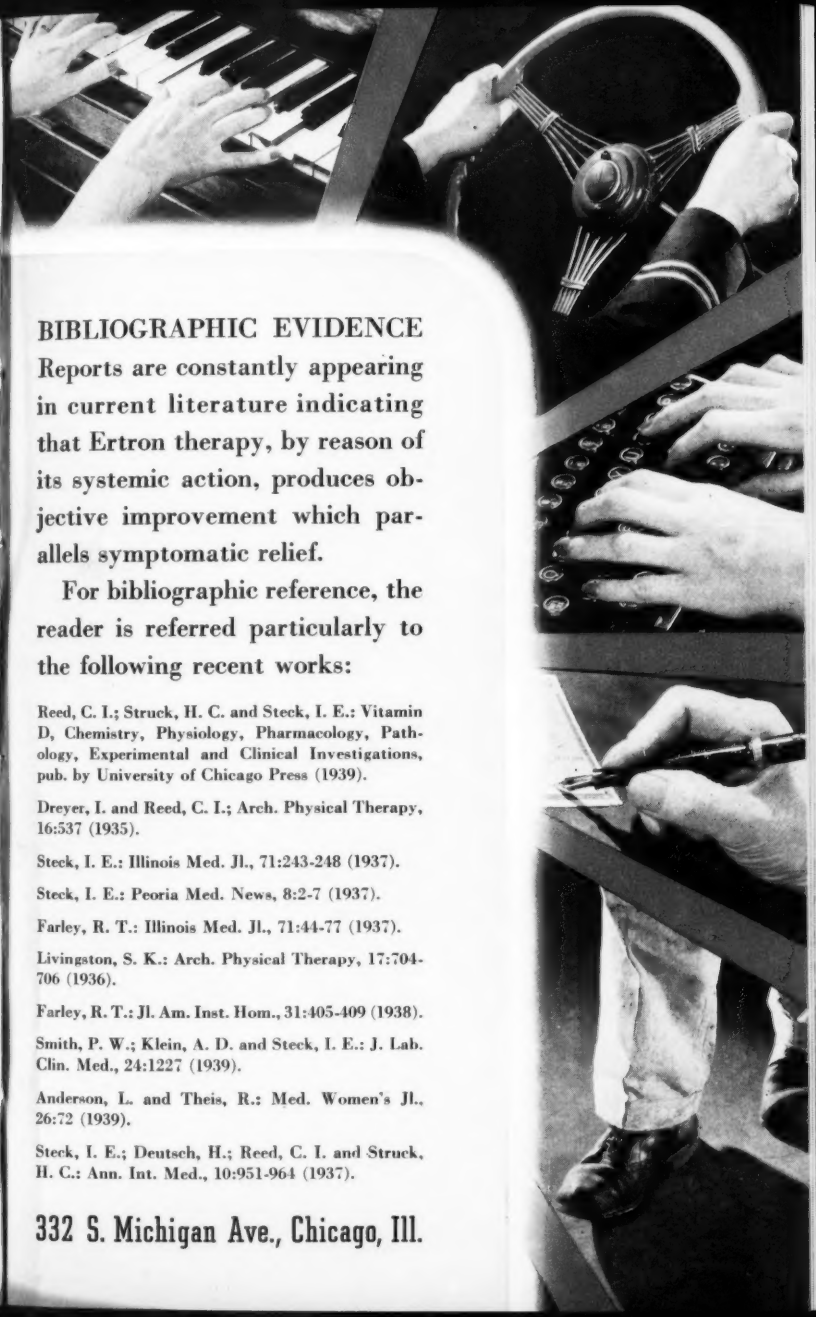
—which enables the physician to unlock the shackles of the arthritic's latched joints and replace him on the active list.

Ertron is a vitamin D preparation of exceptionally high potency, prepared by the Whittier Process (activation of heat-vaporized ergosterol by electrical energy). It should not be confused with the ordinary vitamin D, as many investigators believe it to represent a new factor or fraction.

Ertron is not an analgesic but it relieves the pain. It is not a mechanical measure but it unlocks the joints. Ertron is effective in all types of arthritis.

NUTRITION RESEARCH LABORATORIES, INC.

XUM



BIBLIOGRAPHIC EVIDENCE

Reports are constantly appearing in current literature indicating that Ertron therapy, by reason of its systemic action, produces objective improvement which parallels symptomatic relief.

For bibliographic reference, the reader is referred particularly to the following recent works:

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Anderson, L. and Theis, R.: Med. Women's Jl., 26:72 (1939).

Steck, I. E.; Deutsch, H.; Reed, C. I. and Struck, H. C.: Ann. Int. Med., 10:951-964 (1937).

332 S. Michigan Ave., Chicago, Ill.



DOSAGE

Average Maintenance Dosage: 3 to 5 capsules per day.

Therapy is begun with one capsule (50,000 U.S.P. units of vitamin D) daily, and is increased by one capsule every fourth day until symptoms of beginning intolerance (nausea, polyurea, and headache) appear, or until a maximum of 6 capsules is being administered per day.

Thereupon the daily intake is reduced until intolerance disappears, and the patient is maintained on this level. Insist on Ertron and adequate dosage.

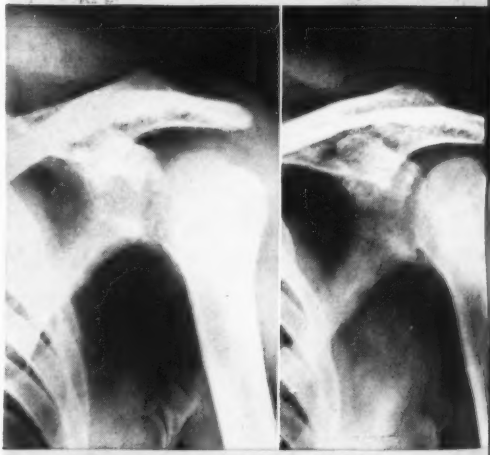
HOW SUPPLIED

Ertron is available on prescription at all pharmacies, in bottles of 50 and 100 capsules each containing 50,000 U.S.P. units of vitamin D. It is not promoted or sold to the laity. If preferable, the physician may secure Ertron direct from the makers.





Male, 41. Unable to move arms or legs on admission. Knees and ankles enlarged about 150%, almost completely rigid. Bony atrophy, calcium absorption, diminution of the joint spaces discernible on X-ray. After four months of Ertron therapy, progress film revealed deposition of calcium at articular surfaces. Knee and ankle joints regained normal size. Month later patient could walk unaided.



Male, 39. Occupation: lineman. Arthritis of left shoulder; acute onset, producing immobility and excruciating pain, atrophy of shoulder muscles, weight loss 31 pounds in 60 days. After one month of treatment with Ertron, clinician reported systemic gains and disappearance of pain. Evidence of joint repair is shown in X-ray reproduction.

NUTRITION RESEARCH LABORATORIES, INC., CHICAGO, ILL.

is provocative. It shows the application of thought to one of our more important medical-economic problems.

It should be possible to solve the problem without added expense to the patient. But it will not be solved —and will not engender the support of the profession at large—unless sponsored by an unimpeachable group (possibly a county society or academy of medicine) in which the individual practitioner has confidence.

✪

That legislators have been working overtime to cook up new taxes is painfully apparent in some figures released the other day by the U.S. Chamber of Commerce. The C. of C. estimates that of every dollar spent in this country for goods or services, 19 cents represent hidden taxes.

On every article consumed, it points out, the manufacturer, processor, wholesaler, retailer, transporter, *et al.*, must pay separate taxes. Naturally, each one passes his taxes on to the next fellow—in the form of higher costs. The goat? As always: the consumer.

When he buys a pair of shoes today, the consumer pays his share of 126 separate taxes. When he buys a cake of soap, the score jumps to 154. On a bottle of milk of magnesia it's 171. On a gallon of gasoline, 205.

But hidden taxes are only half the story. City, county, State, and Federal governments get their cuts direct. And, overshadowing both types of taxation, is a public debt of 40 billion dollars, or $308 per capita.

Strangely enough, we took heart from these statistics. Why? Because if they're brought to the attention of the public—and it appears that they will be during this pre-election period —they'll make clear the rank inconsistency of trying to saddle the already bent-in-half taxpayer with a $2,600,000,000-a-year national health program.



This Medically-Tested Preparation

RELIEVES SIMPLE EYE INFLAMMATIONS

Compounded from a scientifically exact formula, tested in use for over forty years, Murine offers unique advantages for the relief of simple conjunctivitis and eye inflammation due to irritations.

Murine is alkaline due to the presence of potassium. It thoroughly cleanses the conjunctiva as well as the tear duct, dissolving mucous secretions.

Murine is non-irritating because it is isotonic with the tears. Its osmotic pressure equals that of the tears; its freezing point is—0.85 C.

Berberine and hydrastin make Murine tonic-astringent for the mucous membrane and give it a comforting, refreshing effect. Because Murine is applied with a dropper instead of an unsanitary eye-cup, the sterility of each application is guaranteed.



• • •

Murine Contains:

Potassium Bicarbonate, Potassium Borate, Boric Acid, Berberine Hydrochloride, Glycerine, Hydrastin Hydrochloride, Sterilized Water, 'Merthiolate' (Sodium Ethyl Mercuri Thiosalicylate, Lilly.)

MURINE FOR YOUR EYES



WHEN SCHOOL IS OUT

June is not a vacation for the physician but the beginning of the busy tonsillectomy season. The pain and soreness of a post-tonsillectomy throat is therefore often as annoying to the physician as it is to the patient.

The desired relief for your patients can be obtained promptly, effectively and pleasantly by a simple measure—the chewing of Dillard's Aspergum. Muscles are kept supple, and aspirin is brought into *prolonged* contact with throat areas not reached by gargles. Further, Aspergum is readily acceptable to all types of patients, including fussy children.

Dillard's Aspergum

is a pleasantly flavored chewing gum base containing 3½ grains of acetylsalicylic acid. Ethically promoted, widely used by the profession for many years. You can prescribe with confidence.

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The PERPLEXING PROBLEM of Fatigue

● Patients who, without apparent cause, get unduly weak and tired after only moderate exertion know that they are not normal. They constitute a problem of no mean proportions to the practitioner. It has been suggested that these conditions may have some kinship with the myopathies.

Reports in medical journals indicate that the effect of glycocoll (glycine) on creatine excretion (interpreted as a "muscle-sparing action") is not confined to individuals with muscular dystrophy. For reasons not well understood, many of these patients with inexplicable fatigue appear to utilize advantageously the creatogenic amino acid, glycocoll, as a source of phosphocreatine, thereby increasing their muscular metabolism.

Glycolixir (Squibb Elixir Glycocoll) is a most palatable preparation containing the amino acid—glycocoll. One tablespoonful presents 1.85 Gm. glycocoll in a specially blended base of fine wine—alcohol 12 per cent by volume.

Glycolixir *Tablets* are available for children and for adults by whom the ingestion of alcohol is undesirable. Each tablet contains 1 gram of glycocoll. The tablets have a pleasant flavor and are distinctively colored.

Six Glycolixir Tablets or 1 tablespoonful of Glycolixir supply approximately equivalent quantities of glycocoll, i. e., 6 grams.

MacGuire, S. *Interstate Med. & Surg. J.* 37:459, Nov. 1934.

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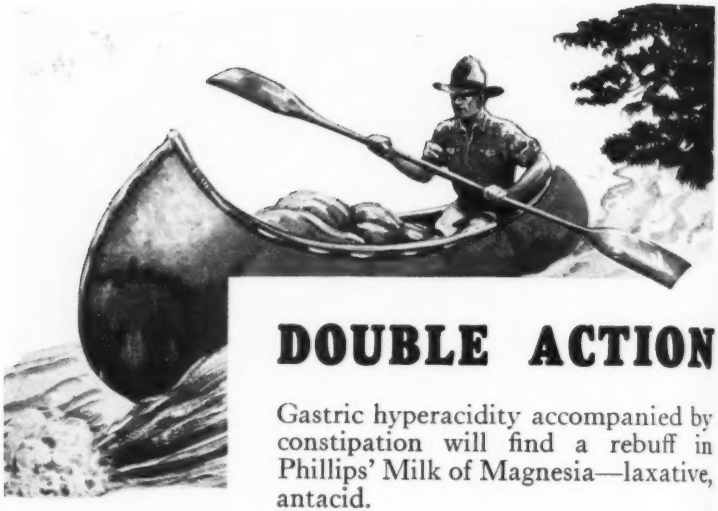
Glycolixir is available in 16-oz. and one-gallon bottles. Glycolixir Tablets are packaged in boxes of 50 and 250 tablets.

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Gastric hyperacidity accompanied by constipation will find a rebuff in Phillips' Milk of Magnesia—laxative, antacid.

Since it is only sparingly soluble, Phillips' Milk of Magnesia exerts a prolonged antacid effect.

Its action on the peristaltic wave is to increase its effectiveness in eliminating food waste without causing griping.

The palatability, convenience and effectiveness of Phillips' Milk of Magnesia merit its use in a wide variety of cases.



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Each tablet equivalent to a teaspoonful of the liquid.

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EDITORIAL

Medicine's shifting frontier

As Europe's frontiers waver and shift, we in medicine are reminded again of the importance of establishing our own frontier between public health and private practice.

Take smallpox vaccination. Or Schick testing, or tuberculosis prevention, or venereal disease treatment. On which side of the borderline do these procedures fall?

Best approach is to determine, first, the basic factor which justifies public health activity. This leads to the only conclusion possible under our American way of life: Any function that does not require government control should remain in private hands.

The unique feature of government is that it can implement its policies by force. A public health agency, to enforce its regulations, must have equivalent power.

The family doctor can not compel a youngster with measles to stay home; nor can he compel others to stay away. Hence, quarantine enforcement is properly a public health function.

No M.D. can force a restaurant employe to observe hygienic measures. The government can; and it does so with public health inspectors.

The hazy frontier between public and private medicine can readily be clarified if we regard the *power of enforcement* as the essential prerogative of government, and the *right to give individual treatment* as the function of the private physician.

Suppose a food handler contracts syphilis. Four problems are immediately presented: to educate the patient regarding his illness; to keep him from infecting others; to finance medical care; and to administer treatment.

Educating the patient is the job of the private physician. Keeping him from infecting others is the function of government—which it fulfills by requiring health cards and by barring infected workers from restaurants. Financing treatment may or may not require government aid; if it does, the problem is fiscal, not medical.

And what about problem four—administering treatment? Here the policy should be clear-cut. Treatment, above all, is the private physician's responsibility.

Careless thinking often leads to the conclusion that a case of this kind is purely a public health matter. Simple analysis, on the other hand, reveals the marked difference between public and private medicine, and the necessity of clearly defining each.

H. Sheridan Baketel

Enter the Preclinician

BY MALFORD W. THEWLIS, M.D.

✪America is getting healthier. Infectious and communicable diseases are on the decline. Improved medical facilities and new discoveries have lowered the death rate and boosted the average life span to 62 years.

What does this mean to the physician? A dwindling practice? A gradual diminution of professional usefulness?

Not at all. For as the incidence of illness becomes steadily less, more attention will be given to preventive and, in turn, preclinical medicine.

Preventive medicine is the spearhead in the attack against infectious diseases (e.g., diphtheria, smallpox, typhoid). Preclinical medicine, on the other hand, erects safeguards against organic disease (e.g., pernicious anemia, gastric ulcer, diabetes mellitus, arterial hypertension).

The preclinician may thus be said to go a step further than the exponent of preventive medicine. His is the task of detecting disease tendencies and treating the patient before he reaches the symptom stage. This involves close study of the individual's hereditary background, constitutional type, racial factors, intellectual equipment, social adjustment, reaction to climate, occupation, and past diseases; plus careful, periodic medical examinations.

There is ample scientific basis for believing that predisposition to certain diseases is hereditary. Add aggravating environmental factors to this predisposition, and actual disease will often manifest itself.

To the individual who may be fertile "soil" for some future ailment, corrective measures can be applied which will often forestall subsequent suffering and expense. It is obviously more logical to protect him today against peptic ulcer, for example, than it is to treat him for the condition several years hence. Unfortunately, when roentgenograms and blood tests show the presence of disease, it may be too late to do anything about it.

The general practitioner is in a favored position to detect preclinical signs because of his sustained contact with each family and his intimate knowledge of the hereditary and environmental factors which affect it. By showing patients the importance of safeguarding themselves against disease in the future, he inculcates the habit of regular examinations and, when necessary, corrective measures.

To be able to realize eventually that as a result of preclinical attention many persons have been saved from invalidism which was certain to develop without it, is a compensation which satisfies the highest ambitions of the conscientious practitioner.

One of my colleagues found in preclinical medicine the answer to questions which patients had been asking him for thirty-seven years. While still engaged in active practice at the age of 62, he decided to enter this field, prepared himself for it, and is one of the few preclinicians in the country today. He finds that patients come to him with a new confidence in his ability to ward off disease. A good 75 per cent of his work is now preclinical, and his volume of practice has steadily increased.

MEDICAL ECONOMICS has asked me how a general practitioner can make a start in preclinical work. It may be said in reply that every physician, after several years' experience, realizes that many patients could have been saved from premature illness if certain educational procedures had been instituted in conjunction with regular preclinical examinations. Acquiring a consciousness of the preclinical states to the end that all patients may be examined from this point of view and educated accordingly, will achieve the objective desired.

The second step is to invest in adequate diagnostic equipment. This will stand the practitioner in good stead, for the detection of preclinical states requires as much exact data on the patient's condition as can be obtained.

Explaining the value of preclinical medicine to patients is far easier than it would seem. The general practitioner is not only a family physician; he is also a friend. His recommendations carry weight. The patient usually realizes without much difficulty that a thorough examination, supplemented by periodic check-ups, may mean the dif-

Dr. Thewlis' pioneer volume, "Geriatrics," (third edition now in preparation) was published by Mosby in 1919. Today, twenty years later, the care of the aged, as a specialty, has come into its own.

Clearing the way once again, in a related field, Dr. Thewlis has written "Preclinical Medicine"—published by Williams & Wilkins. This explains the analysis of disease tendencies through study of preclinical and predisease states, and is the only volume extant on the subject.

In preventive and preclinical work lie the greatest possibilities for the expansion of private practice, says the author in this article addressed to readers of MEDICAL ECONOMICS. An unlimited and virgin field stretches before those practitioners who recognize the opportunity for service in ascertaining disease conditions which are likely to occur and in attacking them before they reach the symptom stage, he declares.

Supporting Dr. Thewlis' contention is the steady decline in national sickness and death rates and the consistent improvement in public health. Even the august A.M.A. Journal labels Dr. Thewlis a "pioneer," and emphasizes the "great importance of preclinical states."

The accompanying article highlights the practical, economic aspects of this branch of medicine, laying particular stress on the opportunity it affords the general practitioner.

XUM

ference between continued good health and future illness.

Contrary to early expectations, I find after several years' experience that preclinical medicine does not reduce the physician's practice. There are fewer cases of serious illness and fewer emergencies. But —there are more preclinical consultations and more periodic medical examinations.

It is commonly supposed that the public is not educated to the ready acceptance of preventive (ergo, preclinical) service. In my section of the country, at least, this is a fallacy.

As a matter of fact, the contagiousness of the preclinical idea is astonishing. Patients accept it, act upon it, and lead their friends to act upon it likewise.

It might be assumed that preclinical medicine would appeal only to individuals of relatively high caliber. Yet the majority of patients who come to me for preclinical service are farmers, laborers, housewives, and white-collar workers—people of distinctly modest incomes and intellectual attainments.

Detecting a predisposition to disease may involve long, arduous work. But once it has been definitely established, corrective treatment is generally simple.

A patient predisposed by heredity to cancer, for example, is given the usual warnings against excessive exposure to the sun, too hot or too cold foods, intestinal irritants, excessive tobacco consumption, sharp teeth edges, etc. A peptic ulcer predisposition likewise calls for a protective regimen, including eating between meals, avoidance of alcohol, correction of emotional imbalances, and removal of foci of infection.

Some time ago, a patient asked me for a weight-reduction diet. Inquiry revealed that there was diabetes mellitus in the family record. Apparently the patient did not realize its hereditary influence. A complete medical examination was made, therefore, and he was placed on a schedule designed to forestall the advent of diabetes in the future.

Dr. Elliott Joslin is now sending questionnaires (with medical-society approval) to certain physicians, asking if they have been checked this year for diabetes. This procedure could readily be extended to patients as a means of rounding up early diabetes mellitus cases. The following questions adapted from Dr. Joslin's form, can be used in this connection:

Has your urine been examined for sugar in 1940?

Have you diabetes?

Is there diabetes in your family (among either parents, grandparents, uncles, aunts, or cousins)?

Are you overweight?

One of my patients gave a family history of arterial degenerative disease in both parents at the age of 60. He wanted to protect himself against it. A preclinical study revealed several devitalized teeth, lack of fresh air and exercise, a nutritional deficiency, and 340 mg. cholesterol in the blood. When hygienic rules were prescribed and abnormalities corrected—including the increased cholesterol in the blood, which was reduced by desiccated thyroid and a lower intake of animal fats—the patient again became conscious of good health.

The question may logically be asked: Don't preclinical studies en-

courage hypochondria among patients?

They may. But the intelligent preclinician does not overlook the personal equation. He is careful to make patients health-conscious rather than disease-conscious. My own clients, in most instances, feel more, rather than less, secure, because they realize that abnormalities can often be eliminated or controlled if discovered early.

The advantages of preclinical work are easily stated. The patient benefits by being spared future suffering and premature degeneration. His chances for a happier existence are thereby increased. He has a degree of assurance against job loss through illness. And, finally, the cost of this "health insurance", is often no more than the cost of the medical care and hospitalization he might otherwise require later.

The Metropolitan Life Insurance Company reports that periodic examination of employes has resulted in a mortality rate about half that of the general population in corresponding age classes. If preventive medicine can accomplish that much, it becomes apparent how much more preclinical medicine can do.

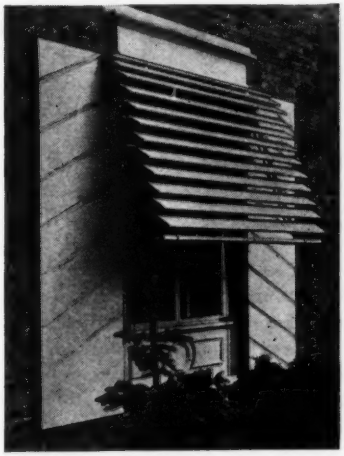
The way is open to those who see the handwriting on the wall and who realize the vital place which preclinical medicine must necessarily occupy in the future.

Metal, Venetian-type awnings shun heat

Does the approach of sunshiny, Summer days bring "awning woes"? It needn't.

A Venetian-type awning is now available, with galvanized sheet-metal slats that can be opened or shut by simply manipulating a small chain inside the house.

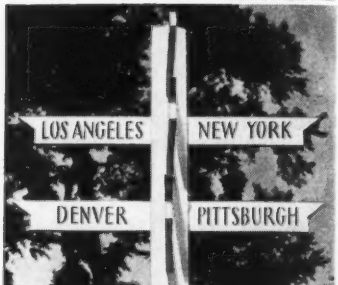
Chief advantage claimed by its manufacturers is that it requires no handling, upkeep, or re-covering. Once installed, it becomes a permanent and attractive fixture; allows free vision; and provides protection against the sun without the heat concentration around windows which awnings often cause.



Though averaging two to three times as much in cost as the usual duck awning, it offers, according to its makers, an actual saving over a period of years.

Enameled, the awnings are available in white, ivory, dark or light green, or brown.

Sachs, Black Star



Opportunities for Medical Practice in the United States

BY DANIEL HARRIS, PH.D.

Which States are best able to absorb more physicians? That is the question answered here by Dr. Harris, vocational counselor and psychologist affiliated with the New York University College of Medicine Clinic. The present article is a condensation and adaptation of an original study under the same title, hitherto unpublished in any national magazine. Based on an analysis of latest Government and A.M.A. figures, it is designed to be of direct interest to interns, residents, young physicians, and practitioners in general who are seeking a change of location.

✪"Medicine is so overcrowded these days that you can barely make a living at it."

Ever heard this swan song? No doubt. The viewers-with-alarm have sung it with such consistency that it has come to be accepted as the truth.

Yet the little-known fact of the matter is this:

During the past fifty years, taking the country as a whole, there has been a noticeable *decrease* in the number of physicians relative to population. What's more, if early 1940 census returns, showing a 9 per cent jump in population, are substantiated, this decline in the relative number of physicians will be even more marked.

In 1886, there was one physi-

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cian for every 662 people in the United States. Four years later, in 1890, the figure reached the all-time low of 629. Since then, the growth of population has gradually outstripped the increase in number of physicians; until in 1938 (last year for which figures are available), there was one physician for every 768 people.

Unquestionably, overcrowding *is* a bugbear in certain localities. But these are principally large cities. Alongside complaints from a few communities of this type there is recurrent mention of the need for M.D.'s in small towns and rural areas.

The crux of the problem lies not in an *oversupply* of physicians but in their *maldistribution.*

This article presents the results of a survey undertaken to show the relative capacity of the various States to absorb more physicians.

It was assumed that the important thing to know about a State in this respect is the relation between:

1. The per capita capacity of its population to pay for medical services; and [*Turn the page*]

TABLE 1—A RANKING OF STATES ACCORDING TO THEIR RELATIVE CAPACITY TO ABSORB MORE PHYSICIANS

State	*Rank*	*RCAMP**	*State*	*Rank*	*RCAMP**
Idaho	1	30.5	Oklahoma	25	– 1
Montana	2	24	Massachusetts	26	– 2
Wyoming	3	23	Michigan	27	– 2
New Hampshire	4	16	Mississippi	28	– 2
Delaware	5	12.5	Indiana	29	– 3
North Dakota	6	12	Virginia	30	– 3
Washington	7	12	West Virginia	31	– 3
Wisconsin	8	11.5	Rhode Island	32	– 3.5
Maine	9	9	Arizona	33	– 4
Oregon	10	9	Texas	34	– 5
South Dakota	11	8	Iowa	35	– 6
Minnesota	12	7.5	Kentucky	36	– 6.5
Connecticut	13	6	Ohio	37	– 8
Nevada	14	6	Tennessee	38	– 8
New Jersey	15	6	Louisiana	39	– 8.5
Utah	16	5	Kansas	40	– 9
New Mexico	17	3	Arkansas	41	– 9.5
South Carolina	18	3	Vermont	42	–10
Florida	19	2	New York	43	–12.5
California	20	1	Illinois	44	–13
North Carolina	21	1	Nebraska	45	–15
Alabama	22	0.5	Pennsylvania	46	–15.5
Dist. of Columbia	23	0	Colorado	47	–17
Georgia	24	0	Maryland	48	–19
			Missouri	49	–22.5

*For explanation, see following pages.

2. The current ratio of physicians to population.

A knowledge of either of these factors by itself has only limited value. One State, for example, may have a great many people per physician, and still be unable to absorb more because of its people's inadequate purchasing power. Another may have a low spending power per capita yet so few physicians that more could easily be supported. What the physician in search of a location wants to know, obviously, are the names of places where purchasing power is at least average and where the ratio of physicians to population is favorable.

To get this information, it was necessary (1) to rank the States according to their ratio of physicians to population; then, (2) to evolve by statistical analysis a suitable index of purchasing power and to rank the States according to that; and, finally, (3) to correlate the two rankings so that a final rank order could be prepared showing the relative capacity of each State to absorb more physicians.

Table 1 shows the end result: a descending order of opportunities for medical practice, ranging from Idaho, the most favorable State, to Missouri, the most unfavorable.

Naturally, the rank order in Table 1 is not static. As the number of physicians and population of a State fluctuate, so will its capacity to absorb more physicians change, and its rank be affected thereby.

Nor should the ranking of States be interpreted too literally or too mechanically. In certain States (e.g., New York, Pennsylvania, Illinois, and Colorado) if the largest city, with its concentration of physicians, were considered separately, it is not impossible that the ranking of the remainder of the State would rise appreciably.

Also to be considered by the young doctor before he rushes to certain States or leaves others on the basis of Table 1, are local conditions. Drought, for example may have blighted an otherwise favorable area; or a large industrial development may have laid the foundation for a long-term boom in another area which the table shows to be unfavorable.

In short, Table 1 is intended primarily as a starting point—a starting point from which to make a personal investigation of opportunities in specific States.

[EDITOR'S NOTE: The essence of Dr. Harris' survey is compressed into the foregoing paragraphs and table. What follows is a more complete explanation of the statistical methods by which the final results were obtained; it is intended primarily for readers in search of locations, who wish to acquaint themselves with some of the pertinent factors which in such a search deserve consideration.]

... Figures showing the number of physicians in each State are readily available. It was a simple matter to rank the States from 1 to 49, (including the District of Columbia), giving rank 1 to the State with the fewest people per physician, and so on up to rank 49 for the State with the most people per physician. The ranks are shown in Table 2, column 9.

A measure of spendable income per capita was more complicated to arrive at. It was decided to use a composite index based on a number of separate measures. These were: (1) percentage of families

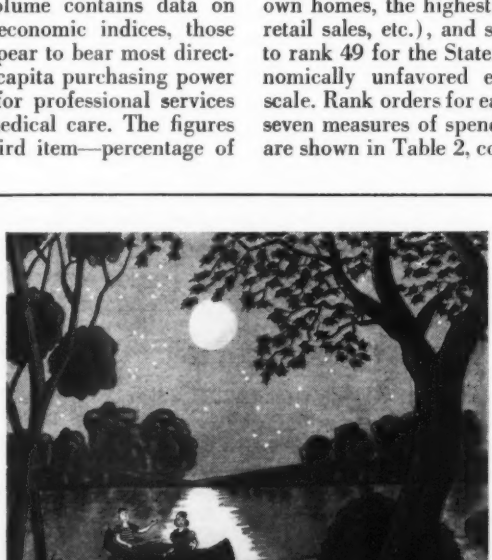
TABLE 2

STATE	Acc. to % Owning Homes Wt. 1	Acc. to Per Cap. Retail Sales Wt. 3	Acc. to % Unemployed Wt. 1	Acc. to Inc. Tax Per 1,000 Pop. Wt. 2	Acc. to Autos Per 100 Fam. Wt. 1	Acc. to Phones Per 100 Fam. Wt. 2	Acc. to Mag's Per 100 Fam. Wt. 1	Acc. to Composite Per Cap. Purch's'ng Power	Acc. to Rel. Supply of Phys'ns	Relative Capacity to Absorb More Phys'ns
	RANK ORDERS									
ALA.	46	47.5	41.5	46.5	47	47.5	47.5	47.5	48	+ .5
ARIZ.	34.5	25	6	21.5	20	41	12	25	21	- 4
ARK.	42	47.5	32.5	48	48	46	47.5	47.5	38	- 9.5
CALIF.	31.5	3	25	4	2	8.5	4.5	3	4	+ 1
COL.	24.5	20.5	25	21.5	9	14	10.5	20	3	-17
CONN.	34.5	1	21.5	5	20	5.5	10.5	4	10	+ 6
DEL.	22.5	13.5	8.5	9.5	22.5	28	16.5	9.5	22	+12.5
D.C.	43	1	48	1	1	1	1	1	1	0
FLA.	38.5	20.5	29.5	28	28	39.5	9	29	31	+ 2
GA.	48.5	42	25	41	44.5	43.5	43	42	42	0
IDAHO	11	13.5	19	30	16.5	31.5	8	12.5	43	+30.5
ILL.	31.5	20.5	27	11	28	8.5	25	20	7	-13
IND.	11	32.5	16	29	14.5	22.5	28	29	26	- 3
IOWA	15	29	1	31	9	2	25	25	19	- 6
KAN.	13	32.5	10.5	36.5	12.5	5.5	34.5	34	25	- 9
KY.	24.5	44.5	37	43	43	39.5	43	43.5	37	- 6.5
LA.	45	43	34	38.5	46	43.5	45	43.5	35	- 8.5
ME.	2	20.5	29.5	26.5	31	14	21	20	29	+ 9
MD.	15	25	10.5	7	26	28	28	25	6	-19
MASS.	36.5	9.5	45	6	35.5	5.5	16.5	7	5	- 2
MICH.	7	20.5	23	18	3.5	31.5	14	20	18	- 2
MINN.	7	13.5	13	25	5	3	14	9.5	17	+ 7.5
MISS.	47	49	29.5	49	49	49	49	49	47	- 2
MO.	26	29	36	23.5	37	14	37	31.5	9	-22.5
MONT.	18.5	7	41.5	18	18	35.5	3	16	40	+24
NEB.	18.5	29	7	33.5	6	5.5	28	29	14	-15
NEV.	29	2	4	2	3.5	25	2	2	8	+ 6
N.H.	15	11	40	15	28	10.5	19	11	27	+16
N.J.	27.5	16.5	38.5	8	24.5	19.5	22.5	17	23	+ 6
N.M.	11	36.5	38.5	33.5	35.5	43.5	33	38	41	+ 3
N.Y.	44	4	47	3	38	17	22.5	14.5	2	-12.5
N.C.	36.5	44.5	3	45	40	43.5	41	45	46	+ 1
N.D.	7	34.5	16	41	20	28	31	33	45	+12
OHIO	18.5	20.5	32.5	16	14.5	22.5	19	20	12	- 8
OKLA.	40.5	40.5	29.5	38.5	33.5	33	40	40	39	- 1
ORE.	7	7	45	20	9	22.5	6	6	15	+ 9
PA.	18.5	29	45	13	31	22.5	31	31.5	16	-15.5
R.I.	40.5	13.5	49	9.5	22.5	17	25	14.5	11	- 3.5
S.C.	48.5	46	19	46.5	42	47.5	46	46	49	+ 3
S.D.	21	36.5	16	44	11	19.5	34.5	36	44	+ 8
TENN.	31.5	40.5	21.5	41	44.5	37.5	43	41	33	- 8
TEXAS	38.5	34.5	13	33.5	31	34	37	35	30	- 5
UTAH	3	29	13	26.5	24.5	28	19	27	32	+ 5
VT.	4	25	2	23.5	33.5	12	14	23	13	-10
VA.	22.5	38	5	33.5	39	35.5	39	37	34	- 3
WASH.	7	9.5	43	12	12.5	17	4.5	8	20	+12
W. VA.	31.5	39	35	36.5	41	37.5	37	39	36	- 3
WIS.	1	16.5	19	18	16.5	10.5	31	12.5	24	+11.5
WYO.	27.5	5	8.5	14	7	28	7	5	28	+23

owning their own homes; (2) per capita retail sales; (3) percentage of unemployment; (4) number of income tax returns per 1,000 population; (5) number of passenger automobiles per 100 families; (6) number of residence telephones per 100 families; (7) circulation of twelve magazines per 100 families.

The most recent figures for all these items except the third were obtained directly from the 1939 edition of the Consumer Market Data Handbook, published by the U.S. Department of Commerce. Whereas this volume contains data on some 75 economic indices, those chosen appear to bear most directly on per capita purchasing power available for professional services such as medical care. The figures for the third item—percentage of unemployment—were derived by dividing the raw figures on unemployment in 1937 (also given in the Consumer Market Data Handbook) by the Bureau of the Census mid-year estimate of population in 1937 (reported in the 1938 edition of the Statistical Abstract of the United States).

For each of these seven factors a rank order by States was drawn up. Rank 1 was assigned in each case to the State at the economically favored end of the scale (e.g., the State having the highest percentage of families owning their own homes, the highest per capita retail sales, etc.), and so on down to rank 49 for the State at the economically unfavored end of the scale. Rank orders for each of these seven measures of spending power are shown in Table 2, columns 1-7.



"... then we sew up the fascia with No. 2 Chromic and finish the skin with silk stitches ... and the operation is over!"

Next step was to combine these measures into a single index (Table 2, column 8). In doing so, it was decided to weight certain factors more heavily than others, because of the fact that some items are intrinsically less valid measures of a community's spending power than others.

Four of the measures revealed certain weaknesses as indications of spending power. Each of these was given a weight of 1. The reasoning here was somewhat as follows—

Home ownership: a poverty-stricken family might own a ramshackle dwelling; or a home might be very heavily mortgaged. Unemployment: the 1937 Biggers Census of Partial Employment, Unemployment, and Occupations, upon which these figures are based, was incomplete in that it omitted all places of less than 10,000 population. Passenger automobiles: the ownership of a car in the United States is no sure sign of affluence. Magazine circulation: the magazines in question include a number so low in price and so universally read as not to constitute an exact measure of purchasing power.

Income taxes and number of telephones appeared to be acceptable at their face value. They were therefore given a weight of 2.

Per capita retail sales received a weight of 3. This was based on the ground that the amount of money the average person spends for consumer goods is a better *single* criterion than any other of his community's capacity and willingness to pay for the particular consumer service which the physician renders.

Each composite per capita purchasing power figure in column 8 represents the median of the figures for that State in columns 1-7 (each figure having been counted the number of times indicated by its weight).

Thus, in columns 8 and 9 of Table 2 we have the relative ability of each State to pay for such things as medical service, next to its relative supply of physicians. Subtracting each State's rank order in column 8 from its rank order in column 9 gives a plus or minus figure (see column 10) which indicates that State's relative capacity to absorb more physicians (RCAMP).

A plus figure indicates a State with a rank in purchasing power higher than its rank in volume of medical services available. A minus figure indicates the opposite. The larger the number, plus or minus, the greater the attractiveness or unattractiveness, respectively, of the State as a place where new physicians may establish themselves.

Missouri, for example, has an RCAMP of minus 22.5. Relatively speaking, it has too many physicians and insufficient money with which to pay them. Idaho, on the other hand, with an RCAMP of plus 30.5, has relatively few physicians and high purchasing power. In the case of Georgia and the District of Columbia, there is no discrepancy between the two ranks, indicating that these places are in the middle of the scale as regards capacity to absorb more doctors.

In Table 1, the 48 States and the District of Columbia are ranked according to their RCAMP figures in Table 2. Where two or three States show the same RCAMP figure, they are given successive ranks in alphabetical order.

PRIVATE LIVES

BASE-STEALER

✪"And if you're caught in a double play with Lavan covering second, don't try to block his throw to first; he'll bean you sure!"

These were standard managers' instructions to baseball teams opposing the St. Louis Browns back in the days before World War I. They constituted fair warning against wiry, 150-pound John Leonard ("Doc") Lavan, at the time (see cut) established in major league baseball as a fielder and base runner with whom it was not safe to take liberties. Running out a hit, Lavan would slide in feet first, spikes flying. Throwing to first base on a double play, he would hurl the ball with all his might directly at any opposing runner who dared attempt to block the throw.

Young John Lavan gave no quarter and asked none in a period when baseball was anything but a ladylike sport. Yet the brief career of this baseball-playing surgeon was not all rough-and-tumble. It was highlighted throughout by what Branch Rickey, his former manager and now president of the St. Louis Cardinals, remembers as "the most consistent and brilliant fielding I have ever known."

You might expect to find this veteran of eleven National and American league campaigns holding down a job as physician to one of the teams he starred for in the old days. But—though John Lavan was directly responsible for the innovation of a club physician as a regular member of a team's personnel—he has turned instead to public health, and now has charge of this work in Grand Rapids, Mich.

During leisure moments, Dr. Lavan enjoys re-living his exploits on the diamond, with the help of cronies and admirers who stop in for an expert opinion on the next World Series. (For this year, he picks the Cincinnati Reds and the Yankees.) Perhaps his favorite yarn is about the day he nearly gave his friend, Branch Rickey, heart failure.

At the time, Lavan was shortstop for the St. Louis Cardinals, under Rickey's management. Playing alongside him at second base was the great Rogers Hornsby. The memorable event took place in a game with the New York Giants, who the day before had tried—without success—to buy Hornsby for the unheard-of price of $300,000.

There was a man on first. Fielding a hot liner, Lavan fumbled. Hornsby started moving towards second for a force-out, but saw the play could not be made and stopped short. Lavan, in one lightning-like motion, recovered the ball and whipped it toward first without looking. Hornsby—three feet away

—got it smack in the head; was knocked cold as a mackerel.

Lavan immediately tossed his glove aside and rushed to tend his team-mate. Fortunately for Manager Rickey's nervous system, the high-priced Hornsby responded to treatment and was out on the field again next day.

But how, you might ask, did this idol of the bleacherites find time to earn an M.D.?

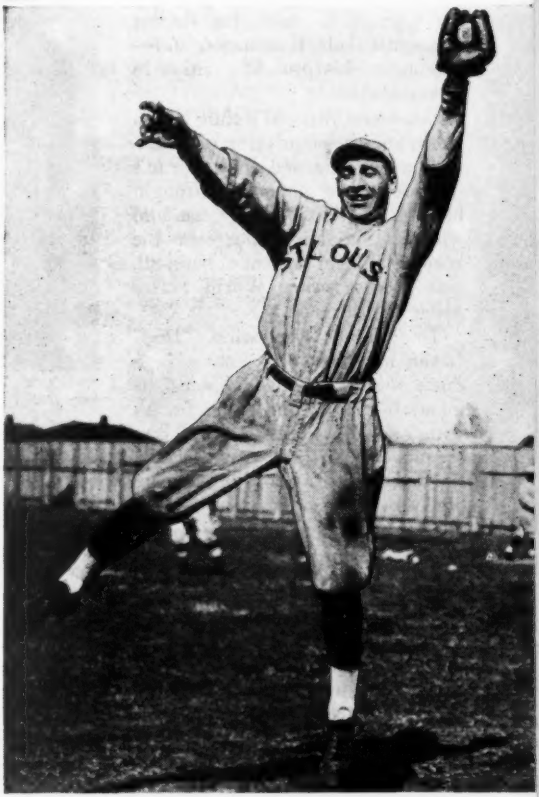
As it happens, John Lavan got his baseball and medical training at the same time. He followed both these loves at Michigan University, where Rickey was baseball coach at the time.

In 1914, Michigan graduated Lavan from medical school with honors. Rickey had taken an offer to manage the St. Louis Browns, and his first move was to ask his young protégé to give up medicine and come along. Faced with a tough decision, Lavan finally picked a career on the diamond.

From 1914 through 1924, this pepper-pot shortstop won a huge following among the rooters of both leagues. Breaking in with the Browns, he was released temporarily as a utility player to the Philadelphia Athletics—just in time to grab a share of a World Series pot. Then (an experience that comes to few physicians) he and a team-mate, Joe Shotton, were sold to the Washington Senators for $15,000 and Joe Gallia. In 1919, he returned to St. Louis for five seasons with the Cardinals; ending his baseball career the following year as player-manager of the Kansas City Blues.

In the midst of this hectic life, Lavan managed to keep his hand

Insco



in, medically speaking. Besides being a star player, he was unofficial physician for every team he played on; carried his medical kit to every game. And there was plenty to do, treating sprains, gashes, fractures, concussions, and the like. Between seasons, he was assistant to Dr. Robert Hyland, who is now club physician to both the Cardinals and the Browns.

Thus, when he quit baseball at 33, Lavan was able to step right into the job of municipal physician for Kansas City. His experience there paved the way for similar posts in Toledo, Kalamazoo, and—of course—his present position in Grand Rapids.

Seventeen years of public health work, and the acquisition of a family, haven't lessened John Lavan's interest in the game that brought him glory. At 50—still lean and wiry—he is more than ever the keen, analytical student of baseball, and gets to every World Series game within reach.

To a newer generation, "Doc" Lavan may be only a name in a dusty record book. But older fans mention him in the same breath with Leo Durocher, and put him second only to Bobby Wallace in the delicate art of holding runners on base.

If he had been a heavy hitter, they will tell you, his name would rank with that of Honus Wagner as the greatest shortstop of all time.

[Is there someone you'd like to see included in "Private Lives"? MEDICAL ECONOMICS will gladly consider nominations. Selections are based on the prominence or unique nature of a nominee's career or avocation.—THE EDITORS]



Inseo

SAVANT

✪Not a few physicians like to describe their quest for a medical degree as an academic effort of heroic proportions. While this type of narrative is seldom more than harmless sentimentality, it is not hard to imagine occasions when the grandchildren and colleagues who must listen to it fancy their dragon-slayer pitted against such a one as Cosette Faust-Newton, A.B., B.S., B.E., B.O., M.A., M.S., M.E., Ph.D.,

M.D., J.D., LL.D., J.S.D.

Dr. Faust-Newton (see cut) is an intellectual Amazon. While the average physician is content with pulling down one or two diplomas, she had to bag an even dozen before she tired of her hunt for sheepskins.

And not one of her degrees is honorary. All were earned.

Father Faust—lawyer, educator, and lumberman—was State superintendent of schools in Texas when Cosette was born. One of the Victorian *literati*, he nevertheless had ideas about education that were too radical for Texas schools. So he tried them out on his first-born.

Thus, instead of playing with dolls, young Cosette listened to her learned parent weave tales from Chaucer and Spenser, discuss the philosophies of Plato and Confucius, and dissect the theories of Aristotle and Galileo. Every trend and interest she displayed was noted, cultivated, bent. By 'teen age, she was a brilliant testimonial to her father's educational theories.

With such a background, it was inevitable that Cosette Faust be fired with an urge to study, teach, write, travel, and lecture. Her headlong pursuit of knowledge began with an A.B. and a B.S. from Texas Polytechnic. Then, warming up, she quickly earned an M.A. at Texas University. At the age of 19. this precocious moppet added a Ph.D. from Radcliffe College and published her first book, "Old English Pottery," under the pen name of Cosette Faustus.

Returning to Dallas, Dr. Faust became dean of women and professor of English at Texas Polytechnic, the youngest woman ever to hold an American college deanship. Somehow, she found time to marry Dr. F. H. Newton, an OALR specialist, long a friend of her father's. Characteristically, she added his name to her own, becoming Mrs. Faust-Newton.

Marriage to a physician revived the Faustian zeal for new fields to conquer. The young bride went back to school again. From Baylor University she got an M.D. in comparatively short order, graduating at the head of her class.

As if there were not a minute to lose, Dr. Faust-Newton impulsively hurried off to Chicago to look into law. Degrees of J.D. (Doctor of Jurisprudence), and LL.D. (Doctor of Laws) came in rapid succession. New York University next contributed a J.S.D. (Doctor of Juristic Science). Columbia College of Expression came through with a B.O. (Bachelor of Oratory), a B.E. (Bachelor of Expression), and an M.E. (Master of Expression). Finally, a trip to the Sorbonne added an M.S. (Master of Science) to the fantastic collection.

Of all this variegated and impressive schooling, Dr. Faust-Newton prizes her medical education most. Speaking with a combination of Southern drawl and Harvard precision, she says: "Medicine is the richest field of them all. It permits realism with honesty and idealism, and has contributed more to the full life than any other field into which I have penetrated."

As might be suspected, this whirlwind student has never found time to hang out a shingle. When not studying, Dr. Faust-Newton has traveled extensively.

Best remembered is her trip to

Turkey. "At Istanbul," she relates, "I attended a congress called to discuss revision of the Turkish language. Mustapha Kemel Pasha, Turkey's potentate at that time, disliked most foreigners—particularly women foreigners. But he saw me in the audience and summoned me to his quarters. I went, not knowing whether my destination was an Oriental harem or a prison."

It turned out to be neither. So impressed was His Excellency with the mighty intellectual atom that he made her an official guest of the Turkish government; gave her a 19-year-old Turkish girl to take back to the United States for use as Exhibit A in a series of lectures.

Dr. Faust-Newton's home in Dallas is typical of its bright-eyed, plump-faced *chatelaine*. In addition to her twelve degrees, it houses a collection of native costumes from the twenty-six countries she has visited, as well as a varied assortment of cats. Her kitchen is a marvel of scientific planning; every utensil, down to the smallest potato parer, is indexed in a card file.

In the spare moments of a busy life, Cosette Faust-Newton writes poetry and swims in a pool in her own backyard. Although her career has far exceeded the dreams of her father, most of her time is still devoted to—studying.

Epic Osler canvas completed

"Osler At Old Blockley," the second painting in the series "Pioneers of American Medicine," has been completed by the artist, Dean Cornwell. It is being given its premier showing in Philadelphia, in conjunction with the Philadelphia General Hospital's dedication of the new Osler Memorial on June 8.

The new painting (reproduced on facing page) depicts Dr. Osler surrounded by his students at the bedside of an old patient on the hospital grounds. The autopsy building in which Osler did some of his most important research work and teaching during the period 1884-1889 is shown in the background. It is this building, recently restored, that will be dedicated as the first Osler memorial in the United States.

Artist Cornwell spent many months in historical research in preparation for the painting. The uniforms of the students, the costumes of the nurse and patient, all were carefully authenticated. The grey pitcher in the foreground, along with other objects depicted, were painted from originals of the period.

Before the painting was completed Mr. Cornwell called upon many authorities for advice and criticism. These included Dr. David Reisman, a former associate of Sir William, and Dr. William Ellery Hughes, a former student of Osler's at Old Blockley. One of the last conversations which the late Dr. Harvey Cushing had with persons outside his immediate family was with Mr. Cornwell, concerning plans for the Osler painting.

The first painting in the series was "Beaumont and St. Martin." It has been shown at twenty-six medical schools during the past year and a half, and is still on tour. It is expected that "Osler at Old Blockley" will tour the country for a number of years through the courtesy of its owners.

XUM

Will the AMA indictment stand?

Real issue involved is whether or not Group Health is practicing medicine illegally

CARL SCHEFFEL, M.D., LL.B.

Since the U.S. Supreme Court has been asked to rule on the Government's anti-trust case against the A.M.A., the question naturally arises:

Will the indictment stand?

At this point an unequivocal answer is impossible. But—inasmuch as the Supreme Court reverses appellate court decisions far less often than the appellate courts reverse district court decisions, the odds are certainly in favor of the indictment being upheld.

That isn't all, however. For in the event that the indictment does stand, the charge of conspiracy in restraint of trade must still be proved.

Probably the chief defense relied upon by the A.M.A. to overthrow the indictment is its contention that the practice of medicine is not a trade. It is true that many legal points can be mustered to show a distinct difference between the practice of medicine and the carrying-on of a trade. But it is equally true that there are even more legal points supporting the proposition that, in most matters, the several professions also come well within the laws applicable to tradesmen.

Likewise significant in the A.M.A. defense is the question expressed thus: Since Group Health Association, Inc. is practicing medicine illegally, and since the defendants have undertaken to prevent members of their organization from aiding a corporation in violation of the law, how can they be considered guilty of a conspiracy?

Vital point, of course, is whether or not Group Health actually *is* practicing medicine illegally. This issue may determine the entire outcome of the litigation, and at the same time have far-reaching effects on many other corporations and physicians throughout the country. Already, a declaratory judgment by the U.S. District Court of the District of Columbia (which the Supreme Court may or may not support) holds that Group Health is *not* practicing illegally.

To date, some twenty leading decisions by the highest courts in a number of States hold that corporations may not lawfully practice professions requiring licensure based on qualifications as a prerequisite for practice. Basis of most, if not all, of these decisions is the fact that (1) corporations are artificial legal entities; therefore (2) they

can not qualify for professional licensure like living persons.

Conversely, other leading decisions have held that corporations charged with practicing professions unlawfully were, in fact, merely making professional services available in a legitimate manner through the medium of licensed employes who did the practicing.

In the A.M.A. case, it is believed that these questions will be determined upon more fundamental legal principles than have ever before been applied to the so-called corporate practice of the professions.

The real issue here is not whether corporations may lawfully practice professions; for the preponderance of legal evidence indicates that they may *not*. The real issue is whether corporations may lawfully offer the public professional services through the medium of licensed, salaried employes.

In this connection, there arises a corollary question of even greater importance:

In the absence of specific statutes, does a license to practice a profession limit the holder to rendering professional services as an independent contractor? Or does it allow him to act as an employe of any unlicensed person, organization, or corporation engaged in making professional services available to the public, without thereby exposing him to a charge of aiding his employer in the illegal practice of a profession?

Although the A.M.A. litigation happens to involve the U.S. Government, organized medicine, and a local corporation, its ultimate disposal may legally affect fields both near and far removed from the practice of medicine. Not only may dentists, pharmacists, optometrists, podiatrists, osteopaths, registered nurses, chiropractors, and various cultists be affected by the decision in this case, but also accountants, architects, and others practicing by virtue of professional licensure under circumstances in which corporations frequently hire them to render services on a salaried basis.

Regulation of the practice of the professions invokes the exercise of what is legally known as the State's police power. This has as its basis the protection of the public (in the case of medicine, chiefly as a safeguard against incompetent or immoral practitioners).

Such power, however, can not lawfully be extended beyond reasonable limits—certainly not merely to appease the idealistic conceptions of a professional group or the whims of legislators. Unless an act in some tangible manner does, or may, injure the public, this power may not lawfully be invoked against it.

Probably the leading case in point is that of Liggett v. Baldridge, in which the State of Pennsylvania sought to construe the ownership of pharmacies by corporations as the unlawful practice of pharmacy. The U.S. Supreme Court ruled that the construction of the State was founded upon mere conjecture, and that the application of police power in this case was not based on any reasonable probability of injury to the public.

We must remember that hundreds of hospital corporations, many owned by employer or insurer groups, engage salaried, licensed physicians to render services un-

der the workmen's compensation laws and otherwise—primarily for the benefit of such corporations. Others, similarly, engage registered nurses. Many of the larger hospitals have licensed pharmacists on their payrolls. Still other types of corporations hire accountants, architects, and persons whose activities are based on professional qualifications and licensure.

Are these corporations practicing professions unlawfully because they make available certain professional services through the medium of salaried, licensed employees? Should one class of corporations warrant such a construction and another class not?

If Group Health is finally construed as practicing medicine illegally through the subterfuge of salaried, licensed physicians, then the A.M.A. defendants cannot be found guilty of conspiracy when they seek to prevent members of their own organizations from aiding in such illegality.

Conversely, if Group Health is *not* practicing illegally, but merely acting as a medium through which professional services are made available to the public, then no organized body or group of individuals may lawfully combine to deprive it of the right to such business by means of actions savoring of conspiracy—whether in restraint of trade or otherwise.

[Refusal of the Supreme Court to review the A.M.A. indictment is not beyond the realm of possibility. In that event, the case would be remanded back to the district court where the defense would be obliged to stand trial.—ED.]

LOCATION TIPS

Looking for a place in which to practice?

✪An up-to-date list of towns in which physicians have recently died is compiled each month by MEDICAL ECONOMICS. A copy of the current list is now available on request.

Shown with the list is the population of each town, the number of physicians there, the specialty (if any) of the deceased, and the hospital facilities available.

The death of a physician (only active, private practitioners are considered) does not guarantee a vacancy for another. But experience shows that vacancies occur often enough in such towns to amply warrant investigating them.

Only those communities are included in the list which have less than 50,000 inhabitants and in which the ratio of doctors to population is reasonably favorable.

Names of some of these towns are submitted by cooperative doctors and laymen. In most cases, however, they are obtained from MEDICAL ECONOMICS' post-office returns. They thus constitute the most complete list available anywhere, due to the magazine's comprehensive circulation.

[NOTE: Readers are cordially invited to submit names of towns in which vacancies have occurred. Address them to MEDICAL ECONOMICS, Rutherford, New Jersey.]

Trouble in your old kit bag?

BY HENRY P. MALMGREEN



FIG. 1

"Look at that mess!"

The M.D. being interviewed poked disgustedly at the contents of the bag lying open on his desk. A stethoscope and sphygmomanometer lay in a coy tangle over a jumble of drugs and dressings; bottles and ampoules were mixed helter-skelter (Fig. 1). A bachelor's dresser drawer couldn't have looked worse—or as bad.

"Why in Heaven's name," he asked resignedly, "doesn't someone design a bag with enough separate compartments to keep my things in order?"

As it happens, someone has. But here's a peculiar sidelight:

Although a number of physicians questioned about bags all voiced complaints like the G.P. above, none of them was aware of the wide variety of new and improved doctors' bags now on the market. None was aware, moreover, that the faults commonly found with doctors' bags are overcome in the new models.

Portable paraphernalia for certain specialties can be toted comfortably, of course, in a small zipper case. The average G.P., however, goes calling with a sizable amount of equipment, and needs a fairly large, well-planned bag.

The long, narrow, cabin-type bag, carried through storm and flood

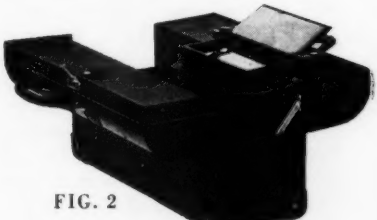


FIG. 2



FIG. 3

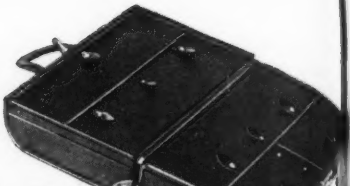


FIG. 5



FIG. 4



FIG. 6

by horse-and-buggy doctors in the old days, cost around $18. For the same amount today, it is possible to get a well-compartmented affair that will carry everything which could possibly be needed and kept in order.

One new bag that has won favor comes in smooth cowhide over a rigid frame (Fig. 2). A rounded top folds out to reveal five separate compartments, including one lined with sponge rubber that holds seventeen normal-size ampoules. Each compartment has a hinged cover that can be kept securely shut by a button-down flap.

This bag is available in four standard sizes, from 14 to 17 inches in length. Prices range from $17 to $20. An optional addition, at extra cost, is a separate compartment holding a burnished copper sterilizer which clips to the bottom of the bag, thus making it a complete O.B. unit (Figs. 3 & 4). The manufacturer of this bag also offers a de luxe bag ($18-$22) which opens all the way and eliminates piling things on top of each other (Fig. 5).

Other makes of bags comparable to this one run as high as $26, the price being determined by quality of leather, workmanship, and whether the inner frame is made of wood

or some more durable material. According to one manufacturer, a bag with a wooden frame is liable to be a poor investment, since it may be damaged fairly easily when accidently banged against a hard surface.

Another popular bag has three rigid drawers that can be slid out when a flap at the bottom of one side is opened (Fig. 6). In one model, the flap is fastened by a zipper; in another, the flap has a rigid frame and stays shut with a snap lock. Upper part of the interior in both models includes a pocket for bloodpressure apparatus and loops for six bottles. Respective prices of these bags are $19 and $20.

Still another bag which sells at $24.50 has a one-piece top. When opened, a tray with three compartments slides up and back, giving immediate access to the rest of the interior.

Typical of Boston-style bags in the lower-price brackets is one that retails at $11.95 (Fig. 7). It has instrument loops, bottle straps, and pockets for sphygmomanometer and sundries.

Zipper bags that can be used as utility kits for specialists or as emergency bags for general practitioners come in sizes from 7 to 14 inches long, with or without handles (Fig. 8). Lining is usually rubberized, and space is available for instruments, syringes, dressings, etc.

Any one of the general-purpose bags mentioned will wholly or part-

FIG. 7



FIG. 8

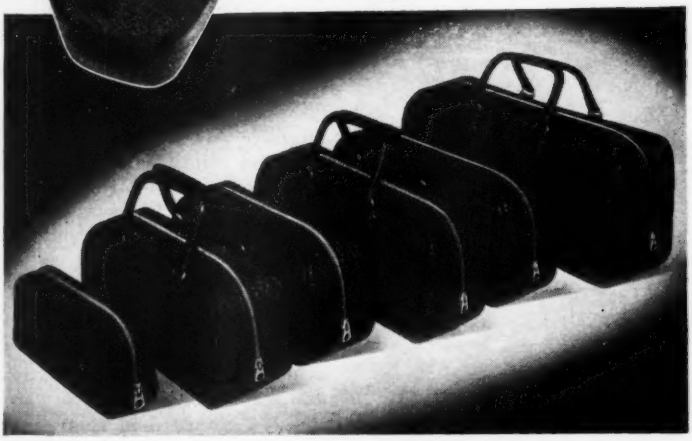


FIG. 9



Satisfaction assured—a made-to-order kit (Fig. 9). Of over 65 articles (Fig. 10) carried by one M.D., two chalk boxes held all but a few, fitted neatly into kit (Fig. 12) as against usual jumble (Fig. 1).

FIG. 10



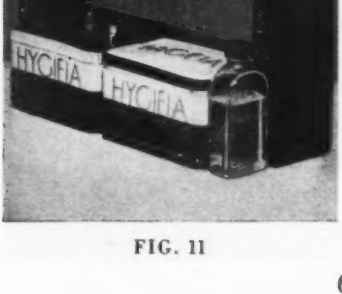


FIG. 11

ly answer the complaint of the G.P. with jumble trouble. A further improvement suggested by an inventive physician is a rectangular metal plate that would fit into a slit pocket in one of the interior walls of a bag. Patients, he says, would appreciate having iodine or argyrol bottles set down on this plate instead of on a shiny table top or chair seat.

It's possible, of course, that a physician concerned with the particular requirements of his own practice will prefer to devise a special bag rather than shop for a

new, compartmented bag. Among the practitioners queried by MEDICAL ECONOMICS was a neurologist who solved *his* problem by having a cabinet-maker construct a special, hardwood, plush-lined instrument case which fits exactly into a large pocket of one of the standard, Boston-style bags. Cost of the case was $18, which sounds high; but since the instruments are expensive ones and since they're now protected completely from damage by other articles in the bag, the owner considers his investment well justified.

An Indianapolis physician has a special bag (Fig. 9), made with a detachable metal interior unit that folds out when the bag is open to form three separate trays—one equipped with a bottle rack, the other two designed for small items. The center compartment has room for his sphygmomanometer, pill-case, sterilizer, etc. A prime advantage is that the inner metal case can be lifted out and inserted in a new bag when the old one wears out.

A Texas practitioner with little money and lots to carry solved *his* jumble trouble in a way that any M.D. can copy. He had an $8 bag and the kind of practice that required taking an impressive collection of drugs and equipment on every call (Fig. 10). Such extra items as a flashlight, candy for fearful little patients, and blank checks for patients who say, "I'd be glad to pay you, but I haven't a check in the house"—all helped to make up a 14½-pound load that could get into a pretty mess after a few visits.

This ingenious practitioner merely got two metal chalk boxes (Fig. 11), measuring 6″ x 4″ x 4″, and put them in the bottom of the bag. In one that was left uncovered he put his flashlight, a battery for his otoscope, a roll of adhesive, a box of bandages, and three small bottles. The other, covered, held 39 separate small articles, ranging from hypodermic needles to glass slides for smears.

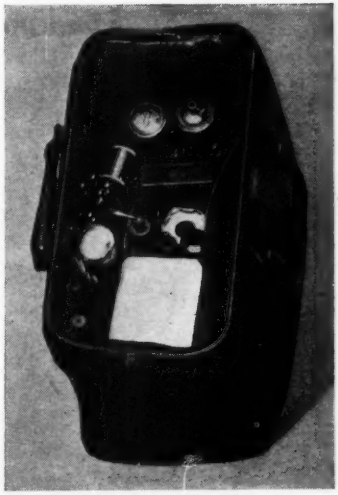


FIG. 12

There was still room, after this, on the bottom of the bag, for a bottle of alcohol and a box containing hemacytometer, pipettes, lancet, and solutions. All other items fitted comfortably into side pockets, leaving the bag only half-filled and neatly arranged (Fig. 12).

[Names and addresses of manufacturers of bags described in this article may be had by writing to MEDICAL ECONOMICS, Rutherford, N.J.]

You know the type



"Do you have medicine balls? The doctor advised me to use them for reducing."

Check . . . and double check

Practical advice on how to apprehend a worthless check before it bounces

A harassed lunch-car proprietor, sick of cashing checks that had a way of bouncing, finally posted this sign on the wall of his roadside caravanserai: "We have made a new agreement with the bank. They will not sell hamburgers and we will not cash checks."

Many struggling physicians will grin wry approval of this fellow-sufferer's action. In a different world, they would go and do likewise. Denied this approach, they can nevertheless achieve the same result by observing the following safeguards against check frauds.

Number One precaution is to turn a cold shoulder on requests that you cash a check for an amount greater than your fee. Too often, a new patient offers a check for $10, explaining that he's just received it and at last can afford that visit to the doctor which he's been postponing. Sounds good. So the unsuspecting practitioner gives him $7 change. Comes the dawn, and the check is returned with a "no such account" sticker.

When cashing or accepting a check presented by a new patient, it's a good idea to insist upon identification. Some physicians are embarrassed about asking personal financial questions, believing it unprofessional. But it's your money that's being paid out, and you have every right to give a check several once-overs.

It is a mistake to rely on lodge cards for identifications. Impressive specimens can be bought for a dime a dozen. Nor is an auto license always a safe bet. Many States issue licenses by mail, or permit motorists to send messengers for them. If you do accept a driver's license as identification, it's worth the trouble to check the personal description given on it.

An automobile registration is better, if you will also copy the license tag number, writing it lightly in pencil on the back of the check. Then if the check bounces back to you, you may be able to trace the interloper through his car. Remember, however, that many persons lose wallets containing both registration cards and blank checks, hence a card and check bearing the same name won't always prove identity.

It's always safer to have a check endorsed in your presence. If it's already endorsed, ask for a second signature. It's hard for anyone but an expert to forge a signature rapid-

ly while being watched. That's why travelers' checks always require double signatures.

Furthermore, the endorsement should follow the exact wording of the payee's name. If the draft reads "to the order of Joseph H. Smith," don't take an endorsement that reads "Jos. H. Smith." And if a check shows any alteration, you're justified in refusing to cash or accept it.

Checks on out-of-town banks require caution. If a check is drawn on a Canadian bank, it will be subject to three extra fees: rate-of-exchange difference, clearing charge, and a tax. As this is written, a Canadian check with a face value of $7 will net you only $6.11. In fact, your own bank won't credit you with the deposit of a Canadian check until it has been collected and discounted.

Checks on which the signature or any endorsement has been made with a rubber stamp should be refused—unless you know the endorsee personally. Nor is it advisable to accept checks which have "for deposit" or "credit to the account of" on the back.

Checks endorsed with an "X-his mark" are suspect. True, many illiterates receive insurance and wage checks; but they can be expected to cash them elsewhere.

If "Counter Check," or something of that sort, is printed on the margin of a check, better pass it up. This kind of check is for payment over a bank counter to the depositor only.

Many physicians invite trouble by endorsing a new patient's check so that he can cash it at a local drug store or bank. Common trick is for the patient to pay the doctor in cash; then plead that he doesn't have money to buy the prescription. He produces a check, and the unwary M.D. endorses it so that a druggist will honor it. When it turns out to be worthless, the physician is held liable and has to make good.

Now about your own checks:

It's unwise to send anyone shopping for you with a signed blank check. If such a check is lost, your entire bank balance may be cleaned out before you know it.

Using checks in numerical order is important. If you must carry a few loose ones, get the habit of making a notation of every check written. Failure to make a memorandum of checks issued when away from the office explains many overdrawn accounts. For a sure remedy, try this:

Get from your bank a small check book with a spiral-ring binding. This permits you to tear out both check and stub. If your bank has only the more firmly bound type of pocket check book, you can still break the binding and detach checks, counterfoil and all. The point is to have a stub attached to every blank check in your wallet.

Then when you issue a check you can fill out, detach, and place the stub in your most-used pocket, where you can hardly help remembering to haul it out for entry in your regular desk check book.

The above list of do's-and-don'ts, properly applied, should keep you from experiencing the most thankless way to lose money. Of course, you may never have been guilty of one of these financial *faux-pas*. If so, then you deserve a special citation from the American Bankers' Association.—ARTHUR E. KEAN, JR.



HOW to Stay Healthy

The best way to safeguard your health is to be examined regularly, at least once a year. If you do that, diseases or ailments which might otherwise become serious or incurable will be discovered at a time when they can be checked or cured.

I am sure that you want to be healthy and to stay healthy. That is only natural. Also, I am sure you would not wilfully neglect your health.

If I am right, fill in the attached slip and leave it with me before you go. When the time comes I will notify you to come to be examined.

Yours for health,

DR. ALVIN M.

Request for

PERIODIC HEALTH EXAMINATION

to

DR. ALVIN M. JONES

As I want to keep myself in the healthiest possible condition and as I believe that a Periodic Health Examination will help to do that, I request that you advise me, at the proper time, to come to you for such an examination.

I prefer an appointment in the morning afternoon

about ____ a. m. p. m.

Signed ____

ADDRESS ____

In accordance with your written request, this is to advise you that it is time that you return for a Periodic Health Examination and accordingly I am reserving:

____ at ____ *a. m. p. m.*

If this appointment is unsatisfactory, telephone me and a convenient one will be made.

DR. ALVIN M. JONES

98 EAST 88th STREET - NEW YORK, N. Y.

TELEPHONE ALGONQUIN 4-9750

A four-point health examination service

"Brush your teeth twice a day. See your dentist at least twice a year."

So goes the old saw. Most of us can recite it by heart. We hear it 365 days out of every year.

It's small wonder, in view of such publicity, that the American people are reputed to have the best-cared-for teeth in the world.

But what about their hearts, lungs, and kidneys? Is any concerted effort made to see that they, too, are examined regularly?

Preventive medicine implies two fields of activity:

1. Immunology (vaccinations, inoculations, etc.).

2. Periodic health examinations.

Neither one, the candid observer must admit, has received as much attention from the medical profes-

sion as it deserves.

To such an extent is this true in the case of immunology that, today, as the result of governmental encroachment, much of this work rests in public hands. Health examinations are next. Already, industrial organizations, health clinics, and voluntary groups are wooing the public with physical checkups on a wholesale scale. And the public is responding—to the detriment of the private practitioner.

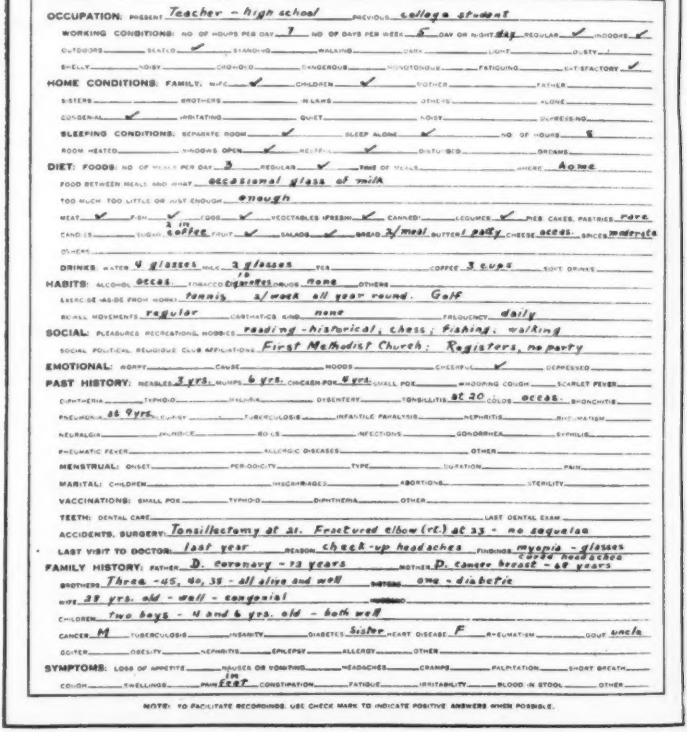
What to do?

Obviously: Encourage periodic health examinations in our own offices.

How?

In numerous ways. . . A well known printing company, for example, now offers a four-point health examination service, as follows:

First unit in this service is the



PERIODIC EXAMINATION

123 (CASE NO.) — Smith, Charles J. (PATIENT'S NAME)

ADDRESS 456 East 7th Street — DATE May 1, 1940

TEL. NO. Castle 6890 — BIRTH PLACE Chicago, Illinois — EDUCATION Cornell U. A.B. — AGE 32 — SEX M — RACE W — MARRIED

OCCUPATION: PRESENT Teacher - high school — PREVIOUS college student

WORKING CONDITIONS: NO. OF HOURS PER DAY 7 — NO. OF DAYS PER WEEK 5 — DAY OR NIGHT day — REGULAR ✓ — INDOORS ✓

OUTDOORS — SEATED ✓ — STANDING — WALKING — DAMP — LIGHT — DUSTY

SMELLY — NOISY — CROWDED — DANGEROUS — MONOTONOUS — FATIGUING — SATISFACTORY ✓

HOME CONDITIONS: FAMILY: WIFE ✓ — CHILDREN ✓ — MOTHER — FATHER

SISTERS — BROTHERS — IN LAWS — OTHERS — ALONE

CONGENIAL ✓ — IRRITATING — QUIET — NOISY — UNDRESS: NO

SLEEPING CONDITIONS: SEPARATE ROOM ✓ — SLEEP ALONE ✓ — NO. OF HOURS 8

ROOM HEATED — WINDOWS OPEN ✓ — RESTFUL ✓ — DISTURBED — DREAMS

DIET: FOODS: NO. OF MEALS PER DAY 3 — REGULAR ✓ — TIME OF MEALS — WHERE Home

FOOD BETWEEN MEALS AND WHAT occasional glass of milk

TOO MUCH, TOO LITTLE OR JUST ENOUGH enough

MEAT ✓ — FISH ✓ — EGGS ✓ — VEGETABLES (FRESH) ✓ — CANNED — LEGUMES ✓ — PRES. CAKES, PASTRIES Pave

CANDIES — TEA 2 in coffee — FRUIT ✓ — SALADS ✓ — BREAD 3/meal — BUTTER butter — CHEESE occas. — SPICES moderate

OTHERS

DRINKS: WATER 4 glasses — MILK 3 glasses in — TEA — COFFEE 3 cups — SOFT DRINKS

HABITS: ALCOHOL occas. — TOBACCO cigarettes — DRUGS none — OTHERS

EXERCISE MADE FROM WORK tennis 2/week all year round. Golf

BOWEL MOVEMENTS regular — CARTHARTICS none — FREQUENCY daily

SOCIAL: PLEASURES, RECREATIONAL, HOBBIES reading - historical; chess; fishing; walking

SOCIAL, POLITICAL, RELIGIOUS CLUB AFFILIATIONS First Methodist Church; Registers, no party

EMOTIONAL: WORRY — CAUSE — MOODS — CHEERFUL ✓ — DEPRESSED

PAST HISTORY: MEASLES 3 yrs. — MUMPS 6 yrs. — CHICKEN POX 4 yrs. — SMALL POX — WHOOPING COUGH — SCARLET FEVER

DIPHTHERIA — TYPHOID — MALARIA — DYSENTERY — TONSILITIS at 20 — COLDS occas. — BRONCHITIS

PNEUMONIA at 9 yrs. — PLEURISY — TUBERCULOSIS — INFANTILE PARALYSIS — NEPHRITIS — RHEUMATISM

NEURALGIA — ANEMIA — BOILS — INFECTIONS — GONORRHEA — SYPHILIS

RHEUMATIC FEVER — ALLERGIC DISEASES — OTHER

MENSTRUAL: ONSET — PERIODICITY — TYPE — DURATION — PAIN

MARITAL: CHILDREN — MISCARRIAGES — ABORTIONS — STERILITY

VACCINATIONS: SMALL POX — TYPHOID — DIPHTHERIA — OTHER

TEETH: DENTAL CARE — LAST DENTAL EXAM

ACCIDENTS, SURGERY: Tonsillectomy at 21. Fractured elbow (rt.) at 23 - no sequelae

LAST VISIT TO DOCTOR: last year — REASON check-up headaches — FINDINGS myopia - glasses, occas. headaches

FAMILY HISTORY: FATHER D. coronary - 73 years — MOTHER D. cancer breast - 69 years

BROTHERS Three -45, 40, 38 - all alive and well — SISTERS one - diabetic

WIFE 38 yrs. old - well - congenial — HUSBAND

CHILDREN Two boys - 4 and 6 yrs. old - both well

CANCER M — TUBERCULOSIS — INSANITY — DIABETES Sister — HEART DISEASE F — RHEUMATISM — GOUT uncle

GOITER — OBESITY — NEPHRITIS — EPILEPSY — ALLERGY — OTHER

SYMPTOMS: LOSS OF APPETITE — NAUSEA OR VOMITING — HEADACHES — CRAMPS — PALPITATION — SHORT BREATH

COUGH — SWELLINGS — PAIN in feet — CONSTIPATION — FATIGUE — IRRITABILITY — BLOOD IN STOOL — OTHER

NOTE: TO FACILITATE RECORDING, USE CHECK MARK TO INDICATE POSITIVE ANSWERS WHEN POSSIBLE.

folder illustrated with this article. It conveys a signed request to the doctor from the patient, asking that he be notified when it is time to come in for a periodic inspection. These folders are handed directly to patients; or they may be placed in an open container on the reception room table (with a pencil nearby) so that those who come to the office can fill them out voluntarily and turn them over to the secretary.

Unit number two is a reminder card. The one illustrated was designed especially for follow-up use with the folder. Other reminder cards which are not predicated on a written request from the patient may be had from the same source. Several types of wording are available—for example:

Ignorance may be bliss, but it causes much tragedy and actual loss of life. Most ailments can be checked or cured

PHYSICAL EXAMINATION: HEIGHT 5'9" CHEST MEAS. INSPIR. 40½" EXPIR. 38½" DEPTH 33½" WEIGHT PRESENT 160 AT AGE 30 NORMAL FOR AGE AND HEIGHT 154 RECENT GAIN OR LOSS none VITAL CAPACITY 98" PULSE SITTING 78 AFTER EXERCISE 86 2 MINUTES LATER 76 BLOOD PRESSURE SYST. 118 DIAST. 74 HEMOGLOBIN 90%

PHYSICAL EXAMINATION	DETAIL ABNORMAL CONDITIONS ONLY IN SPACE BELOW	LABORATORY FINDINGS (Urine · Blood · Sputum · Stools · Exudates · Transudates · Feces · Gastric Contents · Gastric Juice · Chemistry · Pregnancy Tests · X-Ray · Hematology · Schick · Dick · Etc.)
General Appearance · Skin · Mucous Membrane · Eyes [Vision, Pupil, Fundus] · Ears · Nose · Throat [Pharynx, Tonsils] Mouth: [Teeth, Gums] · Chest: [Breasts] · Heart · Lungs · Abdomen · Genitalia · Rectum · Vagina · Extremities · Reflexes · Lymph Nodes.	Well developed and nourished. Posture fair.	
	Head Eyes - pupils equally reactive to L and A. Vision well corrected.	
	Nose - no obstruction, no inflammation.	
	Mouth - Upper bridge - teeth well cared for -	
	No tonsillar tabs.	
	Neck Thyroid and lymph glands not palpable.	
	Trachea in midline and not fixed.	
	Chest Symmetrical - Heart-regular, no murmurs or other abnormalities.	
	- Lungs - clear - normally resonant.	
	Abdomen No tenderness, no masses. Reflexes equally and normally active.	
	Extremities Varicosities of rt. lower and flat feet. Otherwise normal.	
	Rectal No hemorrhoids or masses. Inguinal rings not relaxed.	
		6/30 Urine Sp. Gr. 1024 clear
		6/30 no albumin - no glucose
		microscopic, no abnormalities
		7/6/40 Blood Count Hgb. 90%
		RBC 4,950,000
		WBC 7,800
		Normal differential

DIAGNOSIS: Flat feet and varicosities of lowers.

TREATMENT: Exercises for flat feet and correction with arches. Inject varicosities.

ADVICE TO PATIENT: Return after feet have been corrected and have varicosities injected.
Return date - June 1, 1940

DATE MO.	DAY	YR.	SUBSEQUENT VISITS AND FINDINGS	ACCOUNT RECORD DEBIT	CREDIT	BALANCE

Professional Printing Co. forms

if discovered in time. You were well when you last visited my office; but it is now time to verify that you are still in good health and to take the proper measures if anything has developed. Please communicate with me and we shall make a convenient appointment for your periodic health examination.

For many years it has been conceded that periodic health examinations should be undergone by people who wish to retain good health. Ailments discovered before they become serious are more easily combatted and they yield to treatment much more quickly. It is time for your periodic health examination now. Please telephone or write for a convenient appointment.

These cards, of course, bear the physician's name—handwritten at the bottom, or in type. They're printed on heavy vellum, with envelopes to match.

The third unit in this four-point service is a periodic health examination form. The one illustrated is available on card stock in either the 5″ x 8″ (folded) or 4″ x 6″ (folded) size.

The fourth and final unit is a new, 32-page, 5½″ x 8½″ manual of procedure entitled, "Periodic Health Examinations." Copies of this manual, priced regularly at 25 cents, are, by special arrangement, available to readers of MEDICAL ECONOMICS without charge.

The value of health examinations has been proved repeatedly since Dobell first recommended them in 1861. The big job—that remains—is to extend them to the greatest number of people. If the private physician doesn't do it, public agencies will.

New wrinkles in public relations

✪ More and more medical societies are turning to novel publicity devices to win public opinion to their cause. Illustrative of the trend are the California Medical Association's current experiments with prize contests for laymen.

One of these offers schoolchildren cash for essays on "The Role of the Doctor of Medicine in the Life and Health of the American Citizen." The State Department of Education welcomed this idea; helped spread information about it through the school system. So encouraging has been its reception that the society is now arranging a similar competition for adults. This will call for the writing of a motion-picture scenario on health. In both cases, the society supplies material to contestants. Besides encouraging the average person to participate, this helps get the society's message across to the public.

Meanwhile, the Washington State Medical Association has been broadcasting a series of patient-visits to local doctors. On one program, an actual appendectomy was aired.

Seattle's King County Hospital serves as the "studio." Programs are introduced by a station announcer, in dialogue with a physician. The patient is then quizzed as to his illness, while a nurse adds her comments. After the patient is dismissed, the doctor takes the microphone. In language his listeners can understand, he discusses the disease under consideration.

Twin purposes of the broadcasts are (1) to provide the public with accurate information regarding their ailments; and (2) to emphasize that the physician's chief interest is the welfare of his patients. Title of the series is "Appointment with Health." It has a hook-up of nine stations.

Let your office grow with you

BY F. H. COLMAN



✪Start small, and let your office grow with you! That's the advice of Dr. G. W. Olson, of Fullerton, Calif.

Dr. Olson developed his own office in four, easy, chronological stages:

First he spent $6,500 for a 30-year-old house, chosen primarily because of its central location. Purpose in buying was to secure a temporary home for himself and his family.

Later—in front of the house and to one side—he built an office wing of whitewashed brick, with a red tile roof (see cut above). This tiny annex contained waiting and examining rooms, and cost $1,900.

Next step, after his practice had demonstrated reasonable growth, was to enlarge the office annex and extend it across the front of the lot (cost: $2,100). The residence, now hidden from view, (see cut below), was linked to this attractive, modern front by a convenient passageway.

Fourth and final move made by Dr. Olson was to transfer his family elsewhere and convert the living quarters to medical use.



Business raps state medicine

Reprints for campaign against socialization now available from U.S. Chamber of Commerce

✪Hue-and-cry raisers for Federalized medicine were given ample cause last month for lamentation. They had been stung where tenderest by editorial hornets from the U.S. Chamber of Commerce hive in Washington.

The pike that hurt was a 24-page supplement, "The Case for Private Medicine," in the May issue of Nation's Business, official organ of the U.S. Chamber. A striking, full-page advertisement in The New York Times (see opposite page) heralded this supplement as the "fifth of a series of articles on fields of free enterprise threatened by Governmental control."

Generous use of illustrations, neatly-turned captions, and arresting layouts make the supplement unusually readable. It is peppered with pithy excerpts from such diverse sources as Eugene Lyons and MEDICAL ECONOMICS.

The Federal Government's rapid and insidious encroachment on the domain of private medicine is a bitterly familiar story to most physicians. Here the authors have compressed it into a tart, graphic whole.

Importance of this backing for private medicine has many aspects. First, the influential, primary audience of over 350,000 Nation's Business subscribers. Second, an additional pass-along readership estimated at over 650,000. Third, a N.Y. Times advertisement readership of some 474,000. Fourth, a probable local distribution of 250,000 pamphlets entitled "Health by Political Decree," a 1,000-word amplification of the text of the ad. Fifth, a probable distribution of 90,000 poster reproductions of the ad, reaching an indeterminate but large audience. Sixth, the probable use by close to 400 newspapers, magazines, and house organs of free mats and electrotypes of the ad. And, seventh, a proposed series of prepared radio talks.

Thus, these graphic messages will be placed before at least two million Americans; may eventually reach as many as eight or ten millions.

Reprints of "The Case for Private Medicine" (10 cents per copy; $6 per 100; $50 per 1,000), poster reproductions of the newspaper advertisement (available in three sizes; free), and the pamphlets, "Health by Political Decree" (free), may be had by writing to Nation's Business, U.S. Chamber of Commerce Building, Washington, D.C. Thousands of patients are expected to be reached through distribution of these publications via physicians' waiting-room tables.



Make it snappy, Sister!

THIS DOCTOR can't sit listening to your tale of woe. He's not a private physician.

He works for the government, not you. You're just one of the people assigned to him by the political overseer. Ten more of you are in the waiting room, with probably twenty or thirty to come.

You can't expect time and sympathy under conditions like that.

So snap into it, comrade! Briefly, now, what seems to be the trouble?

* * * * *

That's socialized medicine, run by politicians, based on quantity, not quality, and paid for by payroll taxes. It is the thing you can expect here in the next few years unless the people wake up and stop it.

Compare it with the traditional American system of private medicine, in which the individual freely selects and consults the doctor in an atmosphere of intimate and friendly confidence, and pays him directly.

Private medicine has done a magnificent work in the United States. Our average life expectancy is now the highest in the world. The death rate has fallen in 100 years from 27 to 11.2 per 1,000. Serious diseases are under increasing control. Infant and maternal mortality rates are lower than ever before.

But this does not interest the group that wants to set up socialized medicine as part of the collectivist scheme. Law after law is presented to the U. S. Congress and State Assemblies to put the relations between doctors and patients under political control.

Unless Americans want to sign up for all time they should reject these Compulsory Government Health Insurance legislative proposals flatly, without delay.

This message is published by

NATION'S BUSINESS

It is the aim of NATION'S BUSINESS to achieve understanding of free American enterprise regardless of your political affiliations, if you have a point of view you would like to express on developments now shaping in the field of public policy relative to the medical profession, why not write to your Congressman and Senator?

XUM

Investing in Industry

THE CONTAINER COMPANIES

The metal and glass container industries are among the handful of businesses that are virtually depression-proof. The American public has to eat; the can-opener has become the housewife's sceptre, and the bottle cap her crown.

In the past ten years container sales have advanced to new record highs, topping even the 1929 peaks. The current outlook finds the industry expanding into new markets, at the same time benefitting from an increased demand in the old ones.

In 1940, specifically, earning power for most of the container companies should rise quite substantially above 1938-39 levels. Last year, the combined net profit of forty-two container companies was $60,760,000, compared with $42,460,000 in 1938, a gain of 43 per cent.

The quantity of cans and bottles used and discarded yearly staggers the imagination. Sixteen *billion* cans, eight *billion* glass containers, millions more made of substitute materials—besides uncounted legions of caps—are counted in the year's work of this industry.

The uses for these containers cover a wide range of industrial products such as oils, paints, and chemicals, as well as the food, beverage, and medicinal products of more stable demand. Thus, to some extent, the industry is subject to industrial business cycles. In general, however, it shows a growth trend dependent on new products, increases in population, and changes in consumer demand.

The container industry is old and commonplace—but never static. For a century, competitive wars have been waged between the tin can and glass interests. The battle has been particularly active in recent years.

The repeal of prohibition in 1933 restored a vast container market. In 1935, the can companies startled the bottle makers by successfully invading this glass-dominated field. The sale of canned beer gained rapidly over the next two years. Then came defensive measures by the glass companies: lighter and cheaper bottles. The gain in canned beer sales began to slow down, and may level off at around 10 per cent of all packaged beer sales.

American Can Company, leader in the raid on the bottled beer trade, now markets half a billion beer cans annually. Continental Can Company came in later, increased its beer volume by almost one-third in 1939, and heralds this line as one of its fastest-growing divisions. The can companies now are seeking other markets in the prosperous beverage industry. American Can is actively researching in car-

bonated beverage containers.

Branching out from tin containers four years ago, American Can developed a paper bottle for milk. First introduced on the Pacific Coast and metropolitan New York markets, this fiber product won a major victory last fall when two leading dairy companies (Borden and Sheffield) adopted two-quart paper containers for regular use in New York City. Three months later half of Sheffield's retail customers in that area were using the new container. The glass companies countered with a two-quart glass milk bottle in the Chicago market. Approximately 5 per cent of retail milk sales have already been diverted to paper containers.

American Can will seek more experience with this new venture before operating in other districts. Output of its paper-container division reached nearly 300,000,000 units last year, but profitable operation awaits higher volume.

Thatcher Manufacturing, Owens-Illinois Glass, American Seal-Kap, and Standard Cap & Seal are leading glass and closure companies affected by this paper container invasion. But the cost of milk bottles may be lowered sufficiently to swing the competitive balance in favor of the glass interests. In any event, most of the twelve billion quarts of milk delivered yearly will continue to be packaged in glass over the near future.

Paper containers also have established a toe-hold in other metal and glass fields. Besides dry products such as spices, drugs, and chemicals, they have entered the important motor oil market and are displacing metal in soda fountain containers for ice cream.

It is true that quick-frozen foods have made some inroads on canned foods. However, their greatest effect has been on the fresh fruit and vegetable market.

The use of rubber for "canning" fruits and vegetables may result from experiments now being conducted with Goodyear Tire & Rubber Company's transparent sheeting material, "pliofilm." Already, the Heinz Company is using these "rubber jars" for pickles, testing public reaction in twenty areas.

American Can and Continental Can Company account for no less than 65 per cent of the metal can production in the United States. The Crown Cork & Seal Company, Owens-Illinois Glass Company, McKeesport Tin Plate Corporation, Pacific Tin Company, and several privately owned companies share the remainder.

Changing dietary habits have created a vast demand for canned grapefruit, tomato, and pineapple juices that did not exist ten years ago. In addition, the packs of some of these fruits have tripled in the past decade. American Can sells the bulk of pineapple product containers and shares these other new markets with Continental.

The immediate future for the can companies appears highly favorable. The demand from food packers and general industries has been above expectations this year, with the industrial lines reflecting the fact that nearly all business is operating at better levels than a year ago. Food packers entered 1940 with light inventories and the current packs of both fruits and vegetables are expected to be substantially larger than last year.

Production at the other end of

XUM

CLINICAL CHART OF THE LEADING CONTAINER COMPANIES

	*Sales**		*Net earnings**		*Earnings per share*		*Capitalization outstanding*		
	1939	1938	1939	1938	1939	1938	Funded debt	Preferred	Common
CAN COMPANIES									
American	$189,434	$168,781	$18,285	$13,645	$6.22	$4.35	$10,000,000	412,333	2,473,998
Continental	92,197	85,674	8,636	7,102	2.71	2.17	none	350,000	2,853,971
Crown Cork & Seal	28,233	24,380	1,213	1,956	2.80	1.37	14,500,000	225,000	531,226
McKeesport Tin Plate	15,377	11,945	178	d679	0.25	d0.93	6,000,000	none	727,584
Pacific	F.N.A.	F.N.A.	436	224	2.23	1.15	none	none	195,000
GLASS COMPANIES									
Anchor Hocking	24,345	21,549	1,445	752	1.65	0.68	none	40,905	715,550
Hazel-Atlas	29,226	27,100	2,884	2,158	6.64	4.97	none	none	434,409
Owens-Illinois	82,025	75,107	8,435	5,384	3.17	2.02	12,000,000	none	2,661,204
Thatcher	7,554	7,189	788	728	2.53	2.12	none	115,541	146,832
CLOSURE COMPANIES									
American Seal-Kap	1,339	1,172	158	87	1.14	0.63	81,250	none	138,957
Standard Cap & Seal	F.N.A.	F.N.A.	640	623	2.17	2.11	none	106,944	215,977

*000 omitted d—deficit F.N.A.—Figures not available

the industry has nearly doubled in the past seven years. Output of the glass companies has jumped from 26 million gross in 1932 to over 51 million in 1939. A breakdown would show Owens-Illinois producing about 35 per cent of total volume; Hazel-Atlas Glass Company 17 per cent; Anchor Hocking Glass Company 8 per cent; and Thatcher Manufacturing Company 4 per cent.

Medicines and toilet preparations constitute the largest market for glass containers, accounting for around 30 per cent of all unit sales. Packers' goods such as pickles, ketchup, vegetables, and fruit take 28 per cent; while the hard-liquor trade uses 16 per cent. These three groups use the "single-trip" container. Production volume, of course, is smaller where bottles or jars have repeated service. Thus beer accounts for only 9 per cent; beverage 6 per cent; milk 5 per cent; and fruit jars 2 per cent of glass container output.

In the past five years the glass interests have more than doubled their container sales for fruits and vegetables formerly packed in tin. While they have captured only a minute portion of the canned food trade, the demand for glass food containers is steadily increasing.

Patent litigation instituted last year by the Government has cast a temporary cloud over the glass industry. A civil suit is pending against twelve corporations, charging combinations to restrain trade through control of patents for machinery used in the manufacture of glassware. Since the case has not yet come to trial, the industry's defense to these charges is not yet a matter of public record. Figuring prominently in the proceedings is the Hartford Empire Company, a privately owned concern which licenses the machinery alleged to be used in nearly 68 per cent of all glass container production. Owens-Illinois Glass owns or licenses most of the rest.

Owens-Illinois, American Can, and Continental Can are the container companies most popular with investment trusts. At the end of 1939, nineteen such investing companies held Owens in their portfolios; thirteen held American Can; and nine listed Continental.

The container stocks have had a comparatively narrow price range this year on the New York stock markets. Active and popular issues, their market movement conforms closely to the average price trend in industrial stocks. Aside from the general course the market may take, the container stocks as a group would appear to have moderately attractive short term prospects and a favorable outlook for the long term investor. In the past five years such leaders as American Can, Continental Can, Owens-Illinois, and Crown Cork & Seal have sold 50 to 100 per cent above the levels obtaining this Spring.

Highlights on some of the prominent companies follow.

AMERICAN CAN COMPANY

Producing 45 per cent of all tin containers, American Can is the General Motors of the container industry. Larger food packs and increasing use of paper milk containers should find favorable reflection in its 1940 earnings. Sales for the first three and a half months of this year were $5,000,000 ahead of 1939 levels. The $4 annual dividend

XUM

Relief from mealtime monkey-business—

BABIES TAKE TO CLAPP'S!





Oops! There go the vegetables! Looks as if Junior has decided that he doesn't like 'em.

In many a family, Clapp's Foods have helped to end this mealtime monkey-business. For definitely—babies take to Clapp's!

Of course, no line of baby foods pleases every baby, in every variety. But when so many Clapp-fed babies are renowned as hearty eaters, it can't be just an accident...

Clapp's Vegetables are garden-fresh when canned... retain vitamins and minerals to a high degree... and are lightly salted in accordance with doctors' directions.

Doctors approve Clapp's textures, too. They're not too coarse or thick, nor too fine or thin. And when babies outgrow Strained, they'll take to Clapp's Chopped Foods readily. For, though coarser, the Chopped Foods are evenly cut... without lumps or stems. And they have the same good, familiar flavors.

• • •

★ **The Clapp Company, first to make Strained and Chopped Baby Foods commercially, is the only organization of national importance that specializes exclusively in this field.**

Clapp's Program of Graded Infant Feeding

17 VARIETIES OF STRAINED FOODS
For Young Babies

Soups—Vegetable Soup • Beef Broth • Liver Soup. Unstrained Baby Soup • Vegetables with Beef **Vegetables**—Asparagus • Spinach • Peas • Beets Carrots • Green Beans • Mixed Greens • **Fruits**—Apricots • Prunes • Applesauce • Pears-and-Peaches **Cereal**—Baby Cereal.

12 VARIETIES OF CHOPPED FOODS
For Toddlers

Soup—Vegetable Soup • **Combination Dishes**—Vegetables with Beef • Vegetables with Lamb • Vegetables with Liver • **Vegetables**—Carrots • Spinach Beets • Green Beans • Mixed Greens • **Fruits**—Applesauce • Prunes • **Dessert**—Pineapple Rice with Raisins.

Clapp's Baby Foods

OKAYED BY DOCTORS AND BABIES

has not been disturbed during the depression, although in 1932 it was not fully earned. An extra dividend may be paid this year.

AMERICAN SEAL-KAP CORP.

Nearly a billion milk bottles are sealed yearly with the paper caps made or licensed by this company. Earnings have tripled in the last three years. Activities outside the dairy industry allow diversification.

ANCHOR HOCKING GLASS CORP.

Now ranking third among the glass companies, Anchor Hocking has attractive growth possibilities. Earnings should be aided by increased volume in the food packing, bottled beer, household glassware, and closure divisions.

CONTINENTAL CAN COMPANY

Ability to boost profit margins as well as sales was shown by this second largest can unit last year. Two-thirds of Continental's sales are to the food packers. Incoming 1940 business has been 15 per cent above that of 1939. Extensive research is conducted to develop new types of containers and packing processes.

CROWN CORK & SEAL COMPANY

Because 1940 may record an important financial landmark in its history, Crown Cork holds the spotlight, marketwise, among the container companies. The largest manufacturer of bottle crowns, the company recently achieved third rank in tin can production. The can division, started in 1937, showed losses of over $1,000,000 in both 1937 and 1938. The pay point was reached sometime last year and this division should show its first annual profit in 1940. Earnings in the first three months this year were $402,000, or 53 cents a common share, as compared with $191,000, or 13 cents a share in the corresponding 1939 period.

HAZEL-ATLAS GLASS COMPANY

Second largest in the glass industry, Hazel-Atlas is an important producer of all lines of glass containers except milk bottles. The anti-monopoly suit obscures the outlook somewhat.

MCKEESPORT TIN PLATE CORP.

A factor in the manufacture of both cans and tin plate, the company's container division reflects the favorable prospects of that industry. On the other hand, severe competition from the steel industry tempers the outlook of the tin plate branch. [*Turn the page*]

Just published

BOOKS

A MAN WHO FOUND A COUNTRY, by A. Nakashian, M.D. A horse-and-buggy doctor in Armenia. (Crowell, $2.75)

DREAM WITHIN HER HAND, by Alice M. R. Colver and Helen Brant Birdsall. The life of Dr. Cornelia Chase Brant, Dean of the New York Medical College and Hospital for Women. (Macrae-Smith, $2.75)

LEE ON THE LEVEE, by Ralph Cannon. An historical novel concerning the lives of Robert E. Lee and his friend, Dr. William Beaumont. (Saravan House, $2.50)

BOOKLET

HEALTH INSURANCE. (City Club of New York).

OWENS-ILLINOIS GLASS COMPANY

Far outdistancing competitors in glass container volume, Owens may benefit materially from new products recently developed. "Insulux" glass blocks and numerous articles made of "fiberglas" are promising industrial products whose earning power depends on wider public acceptance. Latest fiberglas product is a new glass thread for stitching wounds. The first three months of this year comprised the fifth consecutive quarter in which sales and earnings exceeded those of the previous year. Except in the milk bottle division a favorable outlook prevails.

PACIFIC CAN COMPANY

Main volume of this West Coast company is in packers' food cans. A younger member of the tin container family, Pacific Can is steadily improving its position in the industry.

THATCHER MFG. COMPANY

Competition from paper containers is adversely affecting milk bottle sales. As an offset, Thatcher has turned to the manufacture of food containers, and beer and liquor bottles, and now places about 15 per cent of total volume in these fields. In the first quarter of 1940, earnings amounted to $106,000, or 2 cents a common share, as compared with $183,000, or 54 cents a share in the same 1939 period.

STANDARD CAP & SEAL CORP.

Increasing demand for sanitary milk bottle seals aids this company. Now more than 25 per cent of all bottled milk has the Standard Cap type of sanitary seal.

—RAYMOND HOADLEY

DEADBEAT LEDGER: Keeping a separate ledger for deadbeats has been a worthwhile investment in my practice.

Once a name is entered in this ledger, billing stops, thus saving time and postage. It also saves offense to patients who intend to pay later but resent being hounded.

With new patients, I turn to my deadbeat ledger before granting credit. Not infrequently, I turn up a long-forgotten delinquent. The ledger is handy, too, for checking against lists of probated estates and for furnishing colleagues with credit data.

Lastly, I have in this device eloquent evidence to show non-payers. Informed of the company they were in, several have settled promptly to get out!—A. D. REBO, M.D., Scott, Ark.

LAVORIS

Fine daily tonic for mouth and throat

Cleansing, stimulating mouthwash and gargle

COLLOIDAL IRON



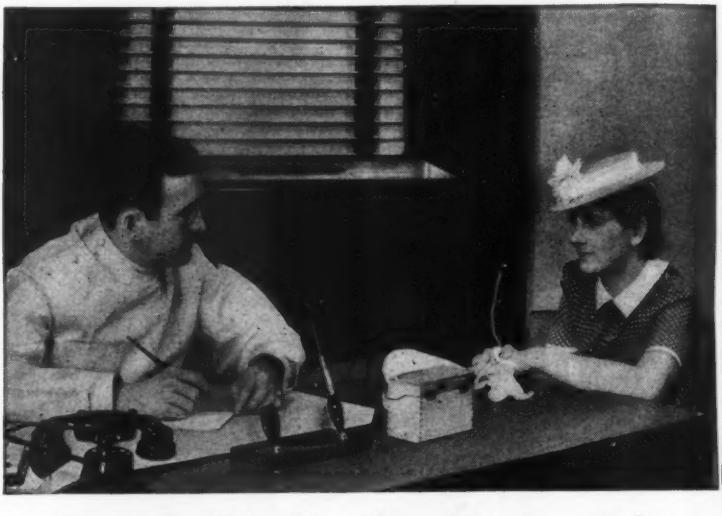
Ovoferrin, a colloidal iron of established efficacy, has been used by the profession for 35 years. Its advantages are many—it is readily assimilated; it does not irritate the stomach; it does not affect the teeth; it does not constipate. Ovoferrin is odorless and practically tasteless. Its colloidal nature makes it an excellent vehicle where a supplement to iron therapy is indicated. Full size sample gratis to physicians.

A. C. BARNES
COMPANY, INC., NEW BRUNSWICK, N. J.

"Ovoferrin" is a registered trade-mark, the property of A. C. Barnes Co. (Inc.)

Constant, Cool Comfort for Patients and Yourself

Assured with
Frigidaire Portable Air Conditioner



Large Cooling Capacity—New Low Price

Your work can be made easier, your office more inviting to patients by installing a large capacity Frigidaire Portable Air Conditioner.

Only this efficient, comfort-giving unit offers *all* these important features: Famous Frigidaire Meter-Miser Mechanism with 5-year protection against service expense; full 3/4 horsepower cooling capacity; thermostatic temperature control at *no extra cost;* no plumbing or drain connections; filters out dust and pollens; circulates filtered air throughout the year; extremely low price with easy payment plan!

Call in  *Call in the expert—* **Frigidaire**

Phone nearest Frigidaire Dealer. Or write for more information, Frigidaire Air Conditioning Division, Dayton, O.

A complete line of Air Conditioners and Water Coolers—Investigate.

Secretaries, custom-made

BY MARTHA HAWKINS

✪Remember that my-God-what-next? feeling when your secretary announced that she had made up her mind to leave?

You had hand-picked her. You had trained her through tedious months until, at last, she conformed as nearly as anyone might, to your requirements. She anticipated your wishes, followed your directions, and made decisions when it became necessary. She knew your patients, their whims and fancies. She had learned polite discretion, infinite tact, and meticulous attention to detail.

What to do?

Fortunately, today, the problem is becoming simpler. Schools and colleges are assuming a growing portion of the training burden. Consequently, you may now order a medical secretary, with a degree of security heretofore unknown.

True, no school can give her much actual experience. There are some things that only life in your office can teach her. But at least the fundamentals will have been firmly implanted if she has completed one of the better medical-secretarial courses.

Take a case in point:

Would you like to find a young woman who could, after a brief apprenticeship, assume charge of your bookkeeping and accounting, tactfully interview patients, and record their histories? Would you welcome someone who could take your medical dictation, abstract articles, and arrange manuscripts for publication in scientific journals? The medical-secretarial-school graduate is trained along just such lines. In many cases, she can also assist you in your laboratory, making routine urinalyses, blood counts, basal metabolism readings, etc.

Such combinations of secretarial virtues don't grow on trees. But they're available if one knows where to look.

The demand for medical assistants has resulted in the establishment of several schools whose sole purpose is to train physicians' secretaries. It has also resulted in the introduction of medical-secretarial courses in schools and colleges already established. Several such schools, medically supervised, report that the need for their graduates consistently exceeds the supply.

Inasmuch as laboratory findings have become so large a factor in diagnosis, a number of physicians are finding it advisable to install equipment with which to undertake some of the less complex procedures in their own offices, thus sometimes reducing the delay and expense of having the work done in

an outside laboratory. Practitioners of this type are usually glad to get a secretary-technician who has been properly trained and to whom much of this routine work can be entrusted. Others more in need of a secretary than a technician get along satisfactorily with a girl who has taken a shorter and less comprehensive course.

Most medical-secretarial schools favor high-school graduates. Some urge a year or two of college work as preparation.

Available medical-secretarial courses vary in length from six months to four years. The schools and colleges offering the longer, more detailed courses justifiedly emphasize their ability to inculcate superior training in their graduates. However, they are still comparatively few in number; are beyond the means of most aspiring secretaries; and qualify only a small percentage of the secretaries annually in demand. Until their number increases, short-course training will continue to fill the breach in the legitimate belief that six or nine months' preparation is better than none.

In response to this otherwise unfilled demand, a slightly different type course was inaugurated recently in Boston by the Division of University Extension of the Massachusetts Department of Education. There, a series of twenty-four lectures is offered. The first eight, given by a qualified physician, provide instruction in such basic medical sciences as anatomy, pathology, hygiene, physiology, pharmacology, dietetics, and nutrition. Following these are eight lectures devoted to such secretarial subjects as medical stenography, typing, filing, professional correspondence, physicians' bookkeeping, collection of accounts, medical records, and case history preparation. The remaining eight lectures are on laboratory technique, including bacteriology, basal metabolism, hematology, urinalysis, electrocardiography, etc.

State certificates are awarded to students who fulfill the requirements of this course satisfactorily. The charge for the lectures is nominal. Any series of eight may be taken independently of the others. They are given once a week at 7:30 P.M.

The course will be repeated during the winter of 1940-41. For further information, address the Division of University Extension, Room 217, State House, Boston, Mass.

In a number of business schools where Gregg shorthand is taught, use is made of the new Gregg Medical Dictation Series. Five of the books in this series—"General Medicine"; "Surgery"; "Pediatrics"; "Ear, Nose, and Throat"; and "Obstetrics and Gynecology"—are now on the market, published by the Gregg Publishing Company. Another volume, "The Medical Stenographer," by E. B. Smither, is also available. Together with the Gregg

ALOPECTOSE PECTIN THERAPY

With Osmo-Kaolin and Aluminum Hydroxide. Supplied as tablets or powder for the treatment of infectious diarrheas and peptic ulcers. Write for folder A-9. R. J. STRASENBURGH CO., Rochester, N. Y.

New Gruen Veri-Thin

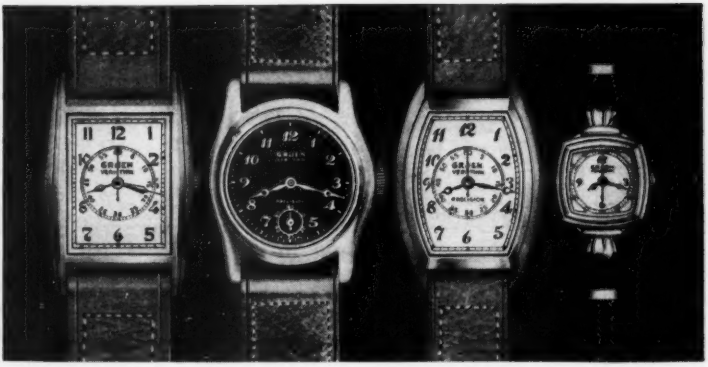
wristwatches specially designed for the medical profession

PRECISION accuracy and Gruen Veri-Thin styling make these new wristwatches ideal for doctors. The patented Gruen Veri-Thins are 50% thinner than any popular-priced wristwatch has ever been, yet have full-sized parts for precision accuracy. Here are three Gruen "Professional" wristwatches for doctors and one for nurses. Notice especially the smart, practical Gruen Veri-Thin "waterproof" model—sealed against dust and moisture. Other Gruen models, $24.75 to $250; with precious stones, up to $2500. Write for folder. The Gruen Watch Company, Time Hill, Cincinnati, O., U. S. A. In Canada, Toronto, Ont.



GRUEN

THE PRECISION WATCH



• VERI-THIN* INTERNE, 15 Jewel movement, handsome yellow gold-filled case, Guildite back.....$33.75

• VERI-THIN* SPORTSMAN, 17 Jewel Precision movement, watertight Guildite case, black or silver dial, $39.75

• VERI-THIN* TECHNICIAN, 17 Jewel Precision movement, smart yellow gold-filled case, Guildite back....$39.75

• VERI-THIN*MERCY, 15 Jewel movement, full sweep-second hand, yellow gold-filled case, Guildite back....$29.75

GIFTS FROM YOUR JEWELER ARE GIFTS AT THEIR BEST

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"Medical Manual," these books form the basis of study for many medical dictation classes.

Physicians in New York, New England, Pennsylvania, Virginia, Minnesota, and California have schools near at hand which specialize in the training of medical secretaries. Those who live in other parts of the country may correspond with one of these institutions and perhaps find a young woman who would be glad to come to their locality.

The appended list of schools offering medical-secretarial instruction is not presented with any claim to completeness. It has been compiled, however, after contacting many sources of information, including schools, colleges, educational organizations, the Library of Congress, and the secretaries of forty-four State medical societies. Descriptive literature may be had upon application to the institutions. Terms describing the courses, such as "laboratory-technological" and "secretarial science," were selected from the literature of the schools and are quoted verbatim.

BERGEN JUNIOR COLLEGE, 1000 River Road, Teaneck, N.J. Course: 2 years. Medical-secretarial; laboratory practice; etc.

BOSTON UNIVERSITY, College of Practical Arts and Letters, Boston, Mass. Course: 2 years. Laboratory technique; secretarial training. Supervised experience in physicians' offices.

COLBY JUNIOR COLLEGE, New London, N.H. Course 3 years. Secretarial science and laboratory methods.

EASTERN SCHOOL FOR PHYSICIANS' AIDES, 660 Madison Avenue, New York, N.Y. Course: Time, 9 months. Medical-secretarial; laboratory technique; X-ray; physiotherapy.

EDGEWOOD PARK, Briarcliff Manor, New York, N.Y. Course: 2 years. Medical-secretarial; laboratory methods. M.D.-Ph.G. supervision. Four weeks' apprenticeship in physician's office.

ESSEX COUNTY VOCATIONAL SCHOOL, 300 N. 13 St., Newark, N.J. Course: 1 year. Medical-secretarial; laboratory instruction; medical technology.

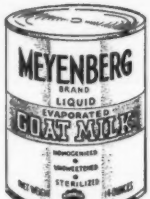
FRANKLIN SCHOOL OF SCIENCE AND ARTS. 1906 Spruce Street, Philadelphia, Pa. Course; 6-18 months. Medical secretaryship; X-ray technology; medical technology; supervised experience in physicians' offices.

JAMESTOWN BUSINESS COLLEGE, Jamestown, N.Y. Course: 60 weeks. Medical-secretarial; laboratory technique.

LARSON JUNIOR COLLEGE, New Haven,

In Troublesome Cases of ECZEMA

in Infants and Children



Where symptoms indicate cow's milk allergy (sensitivity to lactalbumin) as the causative factor in Infantile Eczema, many leading physicians have obtained satisfactory results by using GOAT MILK as a routine method of dietetic treatment. Meyenberg Evaporated GOAT MILK is a uniform, sterile product that has earned its high regard by RESULTS. It is an excellent natural food for those whose allergies make cow's milk unsatisfactory. *For clinical samples and name of our nearest dealer, write*

GOAT MILK PRODUCTS CO.
(Division) SPECIAL MILK PRODUCTS, Inc.
1039 SO. OLIVE ST. LOS ANGELES, CALIF.



"Well, Mr. Stork—very few mental cases have been babies. Yet you insist an air of melancholia pervades the nurseries in your district. Can you explain it?"



"What? You've noticed a correlation between emotional upsets and skin irritations? Why didn't you say so! Prickly heat alone might account for despondency!"



"You'd better fly in search of Johnson's Baby Powder. It's a fine preventive of prickly heat and similar discomforts. Soft, soothing—and very popular, too!"

THE FINE QUALITY talc in Johnson's Baby Powder gives it unusual softness and "slip"; makes it an ideal dry lubricant for infant skin.

Johnson's Baby Oil... for the daily oil bath of very young infants, and occasional use on older babies where indicated. Bland, colorless, stainless, and will not turn rancid.

Other Baby Toiletries...prepared according to Johnson & Johnson's high standards of purity, include Johnson's Baby Soap and Johnson's Baby Cream.

Johnson & Johnson
NEW BRUNSWICK NEW JERSEY



JOHNSON'S BABY POWDER

Send for 12 free trial bottles of Johnson's Baby Oil

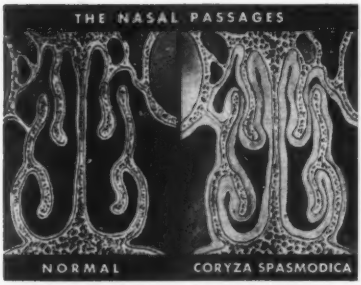
Johnson & Johnson
Baby Products Division
Dept. 852, New Brunswick, N. J.

Please send me, free of charge, one dozen one-ounce bottles of Johnson's Baby Oil.

Name_____

Street_____

City_____ State_____



Nasal ventilation and local sedation

FOR THE POLLEN ALLERGY SUFFERER

MANY physicians find "Pineoleum" with Ephedrine a more satisfactory agent for tissue shrinkage, because of its concomitant soothing and stimulant effect on the inflamed nasal mucosa.

In conveying ephedrine, it provides also camphor, menthol, eucalyptus, pine needle oil, and oil of cassia, in a liquid petrolatum base.

By astringency, sedation, stimulation, and mild antisepsis, these ingredients not only reenforce the vasoconstrictive efficacy of ephedrine, but afford gratefully cooling and soothing comfort.

Send for samples.

THE PINEOLEUM COMPANY

6 BRIDGE STREET NEW YORK, N. Y.

FORMULA: "Pineoleum" incorporates camphor (.50%), menthol (.50%), eucalyptus (.56%), pine needle oil (1.00%), and oil of cassia (.07%), in a base of doubly refined liquid petrolatum—with ephedrine (.50%).

AVAILABLE: In 30-cc. dropper bottles; or, as a jelly, in nasal applicator tubes.

PINEOLEUM
REG. U. S. PAT. OFF.
WITH
EPHEDRINE

Conn. Course: 2 years. Laboratory technique; secretarial; record librarian; stenotype; convention reporting. Clinic work during second year.

LASELL JUNIOR COLLEGE, Auburndale, Mass. Course: 2 years. Medical-secretarial; laboratory technology.

MANDL SCHOOL FOR MEDICAL ASSISTANTS, 62 W. 45th Street, New York, N.Y. Course: 1 year. Secretarial; X-ray; laboratory technique.

MCKECHNIE-LUNGER SCHOOL OF COMMERCE, 362 East Avenue, Rochester, N.Y. Course: 80 weeks. Medical-secretarial; collegiate grade.

PAINE HALL, 101 W. 31st Street, New York, N.Y. Course: 10 months. Medical-secretarial; laboratory technique. Physicians' office practice. X-ray.

ROCHESTER BUSINESS INSTITUTE, 172 Clinton Avenue South, Rochester, N.Y. Course: Time, indefinite. Medical-secretarial training of collegiate grade.

ROCHESTER JUNIOR COLLEGE, Rochester, Minn. Course: 2 years. Laboratory work and medical-secretarial training.

ST. CLAIRE'S SCHOOL FOR MEDICAL SECRETARIES, 201 N. Third Street, Richmond, Va. Course: 9-12 months. Secretarial; laboratory technique.

SCRANTON-KEYSTONE JUNIOR COLLEGE, La Plume, Pa. Course: 2 to 3 years. Laboratory-technological work; secretarial training. Preliminary training for record librarian. Short apprenticeship in physicians' offices.

SIMMONS COLLEGE, Boston, Mass. Course: 4 years. Medical-secretarial specialization in senior year. Supervised experience in physicians' offices and in hospitals. Record librarian.

TWIN CITY BUSINESS SCHOOL, 1214 Fourth Street, S.E., Minneapolis.

Everything in its favor . .

- FINE SUBDIVISION OF PARTICLES
- EASE OF ADMINISTRATION
- RESISTANCE TO ENZYMIC ACTION
- LEAKAGE MINIMIZED
- FREEDOM FROM OILINESS
- MISCIBILITY WITH WATER
- CLINICAL EFFECTIVENESS

KONDREMUL

for establishing bowel regularity



THE E. L. PATCH CO.
Stoneham P. O.,
Boston, Mass.
Dept. M.E. 6

Gentlemen: Please send me clinical trial bottle of

☐ **KONDREMUL PLAIN** (a palatable emulsion containing 55% mineral oil in which Irish Moss (chondrus crispus) is used as an emulsifying agent.)

☐ **KONDREMUL WITH NON-BITTER EXTRACT OF CASCARA** (a pleasant and stable emulsion containing non-bitter extract of cascara.)

☐ **KONDREMUL WITH PHENOLPHTHALEIN** (contains 2.2 gr. phenolphthalein per tablespoonful of Kondremul.)

MARK PREFERENCE

Dr. _____

Address _____

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NOTE: Physicians in Canada should mail coupon direct to Charles E. Frosst & Co., Box 247. Montreal—producers and distributors of Kondremul in Canada.

Pamphlets on SOCIALIZED MEDICINE

For Distribution to Your Patients



Do YOU believe the public should be taught the evils of socialized medicine? Then you'll want to do your part by distributing copies of the pamphlet shown above. They're available *at cost*: 25c per carton of fifty.

Simply place a carton on your reception-room table. Fold back the top, which reveals the words, "Take One!" And patients will help themselves.

The pamphlets have several unique advantages: They're brief—only about 900 w rds long. They're carefully worded to reflect the best professional ethics. They're comprehensible to anyone. And they're inexpensive and convenient to use. No commercial or other imprint appears on them except the copyright notice in small type. They measure 6" x 3 1/3" and have two folds. A sample is yours for a three-cent stamp.

Medical societies may obtain the pamphlets in large lots (without cartons) for distribution among service clubs, legislative bodies, and other opinion-molding groups. Address: MEDICAL ECONOMICS, INC., Rutherford, N. J.

Minn. Course: 1 year. Medical-secretarial. Hospital and clinic apprenticeship.

WESTBROOK JUNIOR COLLEGE FOR GIRLS, Portland, Maine. Course: 2 years. Laboratory work. Office nursing and secretarial science.

ZWEEGMAN SCHOOL FOR MEDICAL SECRETARIES, 431 Sutter Street, San Francisco, Calif. Course: 12-16 months. Medical-secretarial.

LIFE EXPECTANCY: Ever been stumped by a patient who wanted to know his life expectancy? If you keep no actuarial tables in your office—and few physicians do—here's a reasonably accurate rule of thumb which life insurance salesmen sometimes use when records aren't handy.

Life expectancy is approximately two-thirds of the time between your present age and eighty. Hence:

"I am twenty now," says the patient.

Quickly, you substract—twenty from eighty equals sixty. Two-thirds of sixty is forty.

"In all probability, you are good for another forty years," you answer.

Likewise, if the questioner is fifty, his life expectancy is two-thirds of the remaining thirty years, or twenty. Or if he's sixty, he can look forward ten more years.

Medicine's "Oscar" for the most unique title goes to a medical collection agency in Iowa that calls itself—of all things—the National School of Honesty. Idea behind the title is hinted at in an equally original—and inexorable—motto strung across the top of the company's letterhead: "An appeal to the conscience first, and then to the courts."

Dress Your Next Burn, Abrasion, Laceration Or Other Wound With
UNGUENTUM MORRHUOL-COMP
Hart's Cod Liver Oil Compound Ointment
Stimulates epithelization and promotes healing with minimum scar formation.

All Indications For Sulfanilamide Are Indications For
ALKAMID TABLETS
Each tablet contains 5 grains Sulfanilamide with 5 grains Sodium Bicarbonate to protect against acidosis and minimize gastric distress

SAMPLES GLADLY SENT ON REQUEST — HART DRUG CORPORATION, MIAMI, FLORIDA

Opening new possibilities in the addition of iron to the diet

MOLASSES IS RICH IN IRON— OVER 80% AVAILABLE

QUICK SUMMARY

RESULTS: New Orleans molasses, known to be one of the richest food sources of iron, has now been proven to contain iron of from 80% to 97% *availability.*

HOW TESTED: (A) Chemically and biologically[1]. (B) Clinically[2].

SUGGESTED USES: For infant and child feeding where its high calorie value plus iron content make molasses a valuable dietary asset; and to provide extra iron during pregnancy.

AVAILABLE IRON CONTENT: 0.653 mgs. per tablespoonful in Brer Rabbit Molasses—Gold Label grade. 1.078 mgs. per tablespoonful in Brer Rabbit Molasses—Green Label grade.

SUGGESTED AMOUNT: One to three tablespoonfuls daily. This may be taken plain, on bread, cereal, desserts or in milk. Physicians may vary the amount, depending on the iron need, age, condition and tolerance of the individual.

Not alone the iron *content* of food, but iron *availability* as well is now known to be of prime importance in the diet.

To determine the availability of the iron content of New Orleans molasses and to supply specific comparison with other sources of food iron, the makers of Brer Rabbit Molasses co-operated in carrying out chemical, biological and clinical research. A brief summary of results of the chemical and biological tests is reported here for the information of the medical profession.

The chemical and biological tests[1] show availability of iron in Brer Rabbit Molasses to be over 90% in the Gold Label grade, in the Green Label grade over 80%.

Because of its low cost and palatability, may we suggest that you recommend the use of Brer Rabbit Molasses where a higher iron content in the dietary is desirable. Penick & Ford, Ltd., Inc., Manufacturers of Brer Rabbit Molasses, New Orleans, La.

TABLE[1]

	Total iron mg/100 gm	Per Cent availability	Available iron mg/100 gm
Molasses "A"*	3.2	97	3.1
Molasses "B"**	6.0	85	5.1
Beef Liver	8.2	70	5.7
Oatmeal	4.8	96	4.6
Apricots (dry)	4.1	98	4.0
Eggs	3.1	100	3.1
Wheat	5.0	47	2.4
Raisins (Muscat)	3.0	62	1.9
Parsley	3.2	50	1.6
Beef Muscle	3.0	50	1.5
Oysters	5.8	22	1.3
Cabbage	1.8	72	1.3
Mutton	5.1	24	1.2
Lettuce	1.5	63	0.9
Spinach	2.6	20	0.5

*Brer Rabbit—Gold Label
**Brer Rabbit—Green Label

1. Am. J. Dig. Dis., Vol. VI., No. 7 (Sept.), pp. 459-62, 1939.
2. Clinical research completed. Paper being prepared for publication. Reprints of these papers will be sent physicians on request.



lassitude

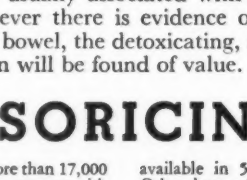
● Lassitude and mental sluggishness are frequent manifestations of intestinal toxemia . . . characterized also in many cases by chronic headache, vertigo, nervousness, and flatulence, usually associated with abdominal discomfort. Whenever there is evidence of absorption of toxins from the bowel, the detoxicating, antiputrefactive action of Soricin will be found of value.

SORICIN

Available statistics, covering more than 17,000 cases, demonstrate clinical improvement with Soricin therapy in from 80% to 90% of cases treated.

Soricin (brand of sodium ricinoleate) is available in 5 grain enteric coated tablets. Other dosage forms of Soricin include the following combinations: Soricin and Bile Salts Tablets; and Soricin, Bile Salts and Pancreatin Tablets. All are supplied in bottles of 100.

Write for clinical statistics, sample and literature.



THE WM. S. MERRELL COMPANY

Founded 1828 • Cincinnati, U. S. A.

Don't be afraid to sue!

Exploding the triple fallacy that bringing suit is unprofitable, undignified, unsafe

✪Why are physicians so reluctant to sue deadbeats?

My medical friends give me three reasons:

First, it's supposed to be unprofitable. Doctors shrug their shoulders and say that the amount collectible that way would be insignificant.

Second, it's supposed to be undignified.

Third, it's thought to invite malpractice action.

Yet any experienced attorney will tell you that these three objections are 100 per cent wrong. Let's see why.

Is it unprofitable? Emphatically not. I have won judgments in almost every suit instituted against a defaulting patient. And collected in most of them. Nor is my experience different fom that of any other attorney.

Judgments were *collected* for example, in fourteen out of the last fifteen cases to come to my attention. Go through your old accounts and see if you could use the money you'd have if only half that number were collected for you. Probably, at least that much money is available, if only you will overcome your hesitancy about starting suit.

Is it undignified? Hardly. Eminent business men, highly regarded leaders in other professions, respected officials, prominent socialites—all bring suit when their cause is just. No one thinks any the less of them. As a matter of fact, the doctor's reputation as an easy mark (because he won't sue) is less dignified than any reputation he might have for a vigorous determination not to be imposed upon.

The fear of malpractice action is largely nonsense, too. Not only nonsense, but a form of blackmail. The implication is that if you show determination not to be defrauded, the patient will brand you as a quack. No physician should swallow that much pride.

Anyhow, that possibility may be entirely avoided. Wait until the statute of limitations for a tort has expired, and start suit before the time allowed under the statute on contract actions has expired. For instance, the periods in your State might be two years on the malpractice (a tort) and six years on the bill claim (a contract action). If you initiate suit three years after the last service has been rendered, your patient is barred from crying "malpractice."

Remember also that the patient himself cannot testify that your

work was badly done. Only an expert is permitted to do that. And if your conscience is clear about the propriety of your services, you needn't worry. No reputable expert will conspire to blacken your name. If doctors would constantly sue delinquent but financially responsible patients, the infamous malpractice-threat racket would soon atrophy.

What's more, most patients will pay some time before the trial begins. I have observed that about 15 per cent pay when they receive the lawyer's letter threatening suit; about 25 per cent pay on receiving notice that suit has actually been filed; and about 20 per cent send in their checks sometime between that day and the opening of the trial.

It is a mistake to let the patient's financial irresponsibility deter you. A docketed judgment is good for a long time; twenty years in most States. If at any time during that period the patient gets a job or acquires property, you can collect your claim.

When legally permissible, bring action before a court without a jury. The judge is sympathetic with the difficulties of the professional man, and will not question the reasonableness of a medical bill unless it appears to be grotesquely out of line.

But you needn't fear juries, either. The average juror is likely to be an honest bill-paying citizen who will, by his verdict, condemn the chiseler. Courts have been set up for that purpose. It's about time doctors found it out.

—GORDON DAVIDSON, LL.B.

DUPLEX OUTLETS: When having electrical outlets installed in a new or remodeled office, always insist upon the duplex type (two outlets in one plate).

The cost is only a few cents more in each instance, while the convenience is doubled.

SLIPCOVERS SAVE MONEY: Upholstered furniture, decorators say, is fast losing favor in modern business and professional offices. Today's trend, they assert, is toward muslin-covered pieces for which *good* slipcovers are made to order.

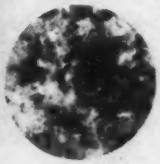
Reason for this departure from tradition is that upholstered furniture can seldom be cleaned satisfactorily; never inexpensively. Good slipcovers, on the other hand, get a new lease on life from the local dry cleaner, and at low cost.

The fact can not be over-emphasized that slipcovers, to achieve their purpose, must fit perfectly and be made of quality material. Those which comply are not cheap; but enough money can often be saved when buying a muslin-covered piece, instead of an upholstered piece, to offset the cost of the slipcover.

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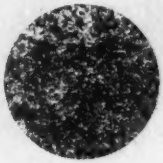
CREMO-CARBONATES

corrects hyperacidity without disturbing physiology



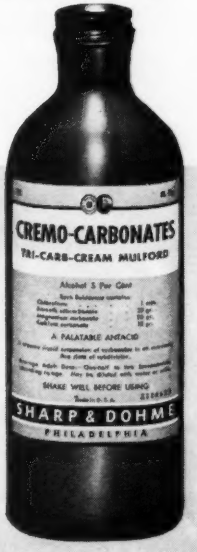
Ordinary Mixture

Photomicrograph of an ordinary mechanical mixture of bismuth, magnesium and calcium. Note the lack of diffusion of the fine particles in this mixture.



Cremo-Carbonates

Photomicrograph of 'Cremo-Carbonates' antacid. Note extremely fine subdivision of the particles which gives 'Cremo-Carbonates' more rapid acid-neutralizing power.



THE USE of 'Cremo-Carbonates' as a soothing antacid is not accompanied by any change of the acid-base balance of the body fluids. It is bland and protective, readily neutralizing gastric acidity. No ill effects have been observed even in large dosage. There is no interference with normal intestinal elimination.

'Cremo-Carbonates' is an effective combination of magnesium, calcium and bismuth for the treatment of gastric disturbances due to hyperacidity. Its effectiveness is due largely to the value which the three ingredients offer as an antacid and corrective because of their extremely fine subdivision, with consequent increased surface area and with high and more rapid acid-neutralizing power.

During the summer months, the physician will find 'Cremo-Carbonates' especially suitable for administration to children with digestive disturbances due to hyperacidity. It is pleasant to the taste, being free from any earthy flavor.

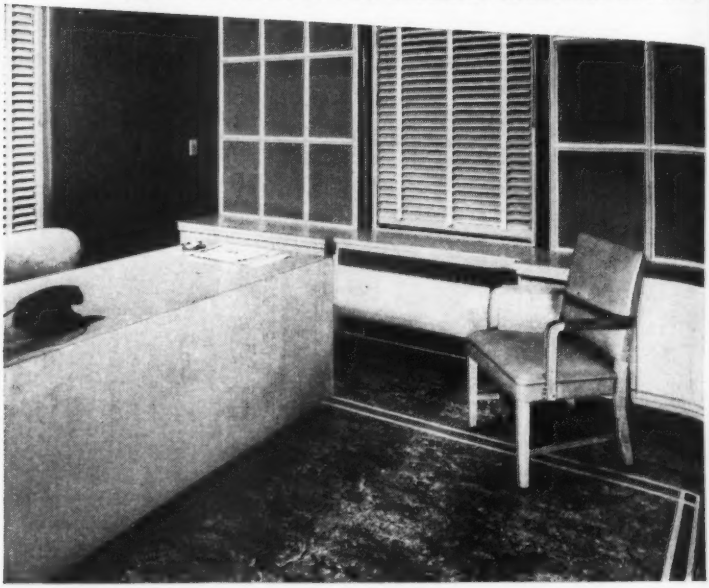
'Cremo-Carbonates' antacid is supplied in 12-ounce bottles. Each fluidounce contains 20 grains Magnesium Carbonate, 20 grains Bismuth Subcarbonate, 10 grains Calcium Carbonate and 1 minim of Chloroform.

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Pharmaceuticals **Sharp & Dohme** Mulford Biologicals

PHILADELPHIA

A "GROWING PRACTICE" FLOORS AND WALLS OF NAIRN LINOLEUM FOR MODERN MEDICAL OFFICES



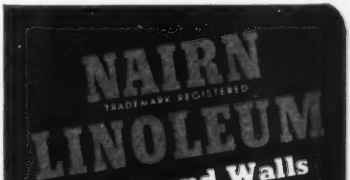
BEAUTIFUL, distinctive floors and walls will please *your patients.* But to give *you* entire satisfaction, they must also be practical and economical.

In Nairn Linoleum for floors and walls you have the ideal material to fulfill *all* these requirements. That is why its installation in modern medical offices is a "growing practice."

Nairn Linoleum is *permanently* beautiful—brings new charm to any office. Entirely sanitary, no dirt-collecting cracks or crevices. Unusually smooth-surfaced, easy to keep clean. Moderate in first cost, Nairn Linoleum Floors and Walls require only a minimum of maintenance.

Economically installed over old backings, as well as in new areas, Nairn Linoleum is fully guaranteed. Write us today for complete information.

CONGOLEUM-NAIRN INC., KEARNY, N.J.



To Join the Army

The War Department has announced an examination July 8-11, both dates inclusive, for the purpose of qualifying candidates for appointment as first lieutenants in the medical corps, regular army.

The examination is not related to expansion of the armed forces to meet the threat of war envelopment; those who qualify will be listed to fill vacancies occurring during the 1941 fiscal year.

Any male citizen who is a graduate of an accepted medical school in the U.S. or Canada; has completed one year's internship in an approved hospital; and is not over 32 years of age at the time it will be possible to tender him a commission, may apply. Those who fail the first examination will be limited to one more try.

The examination will be conducted by boards of medical officers convened throughout the country. It will consist of a physical and a written examination, weighted by determination of the candidate's adaptability for military service.

Application blanks and information are available upon application to The Adjutant General, War Department, Washington, D.C. Applications to be considered must be filed not later than June 21.

Cost of Care is Low

Consumer expenditures for medical care amount to less than 4 per cent of the national income, the National Resources Planning Board has discovered. Tabulating national expenditures for a twelve-months period in 1935-36, the board learned that medical bills (which are construed as including nursing, hospitalization, etc.) take $2,200,000,000 of the country's $59,300,000,000 in annual earnings. It is pointed out, moreover, that these payments cover only about 75 per cent of the services provided; that approximately 25 per cent is furnished free.

Of the remaining $57,100,000,000, major expenditures were as follows: 29 per cent for food; 16 per cent for housing; 10 per cent, savings; 9 per cent, household maintenance; 9 per cent, clothing; 6½ per cent, automobiles; and 4 per cent, philanthropy.

A Matter of Records

Careless record-keeping recently got Dr. Jules M. Nova into a serious tangle with New York State authorities. The doctor was brought to court and accused of filing a false State income-tax return for 1937. The prosecution described his income for that year as "at least $18,871," instead of the $9,875 reported.

Clearing the physician of any intention to defraud, the court freed him—but not until it had been established that he had been "grossly careless in the matter of records."

Farley's Appeasement

Postmaster General James A. Farley recently paid a personal visit to Jefferson, Ga., where once lived pioneer surgeon Crawford Long. There he did his best to soothe Georgia physicians who are up in arms because Dr. Long is shown with a beard on a two-cent stamp in the new "Scientific Americans" series.

Unfortunately, however, Mr. Farley's public eulogy of Dr. Long served to stir another and deeper controversy. He claimed for Long the distinction of being "the first man to

With an eye to Nature,

CONSIDER:

Nature gives relief with the saline liquid from the lacrimal glands.

The "pH" of ALKALOL closely approximates that of the lacrimal secretions, the blood plasma and tissue fluids.

THEN TRY a drop or two of ALKALOL (undiluted) in your own eye. We will gladly send you one of our sample professional eye-dropper bottles upon request.

ALKALOL is a carefully balanced alkaline, saline solution. It is soothing, cooling, cleansing and will not irritate the most delicate membrane. Hence, its many uses in general medicine.

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Write for free sample
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ALKALINE · SALINE · CLEANSING



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for vitalizing the sick reception room or office. Royalchrome gives the modern professional touch—raises ordinary rooms to drawing room level—with its hand-polished chrome, unusual comfort and guaranteed Tuf-Tex upholstery. Besides, it's clean and sanitary. . .offers extra quality at no increase in price.

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CHICAGO
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Royal

use ether anesthesia."

Hardly had his words reached Dallas, Texas, than Arthur H. Merritt, president of the American Dental Association, was on his feet before the Texas State Dental Society with a loud protest.

"This Georgian [Dr. Long]," observed Merritt, "probably was the discoverer of ether. But he kept his discovery to himself. It was made available to the world through William T. G. Morton, a dentist, of Boston."

In the latter city, the Postmaster's remarks met an even colder reception from Morton's daughter-in-law, Mrs. Bowditch Morton.

"Farley," said she, acidly, "[wants] to curry favor with the South during an election year."

Cancer Consensus

Only 56 per cent of the country's patients consider cancer curable, a survey by the American Institute of Public Opinion shows. More than a quarter of those polled believe it incurable, while 17 per cent said they "didn't know." In addition, some 15 per cent thought the disease contagious, and 28 per cent confessed ignorance on this point.

Sixty-two per cent of those replying were unacquainted with any of the symptoms of carcinoma. But over half had theories as to its cause. Bruises, injuries, irritation, sores,

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and tumors were the most popular explanations, in that order. Other prevalent opinions ranged from "sunburn" to "constipation," from "high living" to "poorly-adjusted false teeth."

Forty-six per cent of those interviewed opined that syphilis was the most "serious public-health problem." Cancer was second choice, being named by 29 per cent.

To enlighten the public regarding cancer, the U.S. Public Health Service and the American Society for the Control of Cancer are presenting a new Government motion-picture before lay audiences. Entitled "Choose to Live," it is written around one patient's experience with cancer. Actors in it are professionals, but the scenes were taken at Baltimore's Marine Hospital, the National Cancer Institute at Bethesda, Md., and New York's Memorial Hospital.

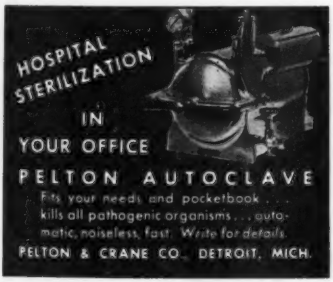
Lesson on Longevity

Dr. Julien Besancon, French geriatrician, has startled colleagues by prescribing this advice to patients who would live to a ripe old age:

"Drink wine. At five in the afternoon, drink tea if you like. But whisky is better.

"Don't take a daily bath. Take as few as possible. Rub yourself with alcohol.

"Eat as much as you can. Beware of diets. [*Turn the page*]



Prescribe
Glyco-Thymoline
for use as a
Vaginal Douche



● **To help cleanse, soothe and heal irritated and inflamed mucous membrane in Vaginal Catarrh, temporarily reduce disagreeable odor in leucorrhoeal discharges, and to aid in controlling annoying pruritus.**

May we send you samples?

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"Smoking is harmless except in rare cases.

"Don't exercise. Make no unnecessary effort. Give up all sport at forty or you will strain your heart. Clemenceau [French Premier who died at 88] would have lived longer had he abandoned setting-up exercises."

Expanding on this formula, published in his new book "*Les Jours de l'Homme*," the Paris specialist said:

"I have spent fifty years studying nonagenarians, centenarians, and ultra-centenarians. Long living and health have nothing to do with each other. It is impossible to live to be old if one does not have illnesses. They slow life down, allow it to start off again with renewed energy."

Dr. Besancon is eighty.

Gang-Busters Go Soft

Sick benefits—a feature of so many compulsory health insurance schemes—have softened up New York City's police. The department recently adopted the policy of paying stricken cops their full wages after three days of illness. Since then, "sickness" has mounted 50 per cent among the force. This discovery brought the once robust patrolmen a threat from their commissioner that disciplinary action will be brought against those who abuse the privilege of the benefits.

Births By Survey

The United States may have a national "population policy" before long. This was hinted at by Frederick Osborn at the Milbank Memorial Fund's annual conference. Mr. Osborn, chairman of the gathering's committee on population trends and social welfare, explained the workings of the proposed regulation as follows:

First, economic surveys would "diagnose" the population needs of an area. Then, through birth control



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YOUR patients will be delighted with these new, cool, attractive Elastic Stockings. For they end the problems of hot, bulky, uncomfortable, old-style stockings.

Knit from two-way stretch "Lastex" yarn, these Bauer & Black Elastic Stockings are inconspicuous and comfortable—come in the popular beige color. Yet they meet every requirement for tension and support. Six styles—knee length and full length. Ask your dealer for information and fitting chart or write Bauer & Black, Division of The Kendall Co., 2500 S. Dearborn St., Chicago, Ill.



BAUER & BLACK *Elastic Stockings*



ALL HER FIRST STEPS ARE IMPORTANT

...including the change to an evaporated milk bottle formula when mother's milk fails.

Babies—they're so helpless! They need all the care you give them, particularly in infant feeding when mother's milk fails or proves insufficient. That's when evaporated milk steps in so surely and securely for the bottle formula.

And it steps in *extra thriftily* if you recommend White House Evaporated Milk. At any A&P Food Store your patients will find that White House costs less than other high quality brands.

Its quality is so satisfactory, too. White House is accepted by the American Medical Association's Council on Foods; approved by Good Housekeeping Bureau. With total solids content averaging 26.3% and butterfat content averaging 7.84%, it conforms to Government standards. Its curd tension is 0 (gram). Laboratory tests impartially report it sterile.

Homogenized, the fat globules of ordinary milk are broken into tiny particles and blended evenly throughout White House. By preheating, standardizing and sterilizing, it provides a soft, finely-divided curd almost as easily digested and assimilated in the infant stomach as the curd of mother's milk. Your patients get their money back if they're not 100% pleased.





Dissatisfied with your present office arrangement? Send for Hamilton's free 28 page book on "How To Plan Professional Offices." It contains sixteen practical office layouts, eleven articles on office planning and decoration. Just write us and ask for your copy of Booklet ME-6.

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Remember that best-seller you heard about recently—the one you decided you'd like to read? Well, you *can* read it—and keep it afterwards, too—without having to pay a cent for it. Merely submit an acceptable idea (work-saver, time-saver, expense-saver, or practice-builder) on the business side of medicine. The book will be sent to you by return mail. This is a limited offer, so act promptly! Address Ideas Editor, MEDICAL ECONOMICS, INC., Rutherford, N.J.

the indicated population would be tailored to order.

Such a program, Osborn intimated, is likely to "develop almost overnight in the United States when the time is ripe. The Milbank Fund may be an important factor in such a development." Who would decide the policy was not mentioned by the foundation authority.

Among those who cupped an ear to his remarks was Surgeon General Thomas Parran.

Shadid's Blitzkrieg

Dr. Michael Shadid was not bluffing when he threatened to file his candidacy for election to Congress. The founder of Elk City's Cooperative Community Hospital hopes to be the next representative of Oklahoma's seventh district—and more particularly, of its socialized-medicine enthusiasts.

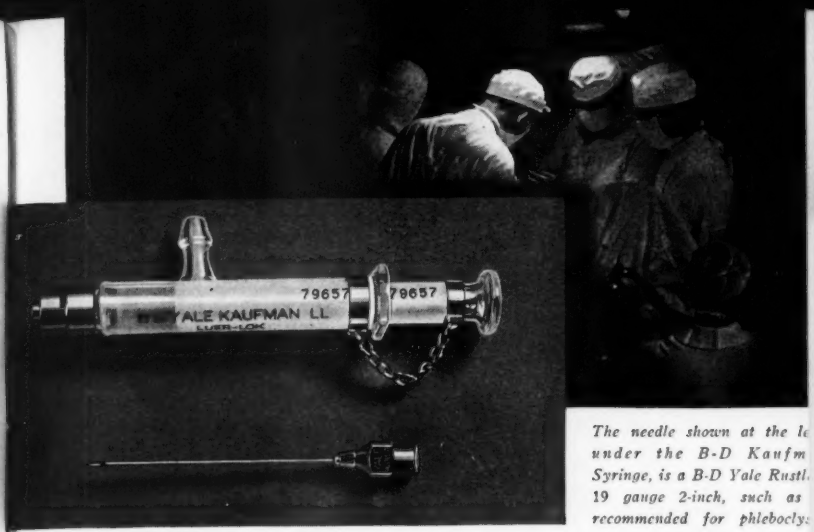
First step in the Shadid *blitzkrieg* against organized medicine was to form an axis with the Farmers Union. When he told the agriculturalists that doctors "have opposed the cooperative hospital at Elk City," the union resolved to seek legislation promoting such institutions, and announced that Shadid is now medical consultant of a national committee campaigning for this end.

In exchange for this backing, it is assumed Shadid will push legislation based on the union's cotton program. The union recently broke with present Representative Sam Massingale for his "disloyalty" to the program.

Secrecy Oath Challenged

The question of how much a doctor can reveal about a patient without violating his Hippocratic Oath has popped up again.

Washington (D.C.) practitioners have raised the issue by refusing to answer questions on the Capital's new birth certificates. The queries in dispute ask whether the child has a "congenital malformation," and



The needle shown at the le under the B-D Kaufm Syringe, is a B-D Yale Rustl 19 gauge 2-inch, such as recommended for phlebocly:

The B-D KAUFMAN SYRINGE
in the Operating Room

THE B-D Kaufman Syringe—made either with a regular Luer slip tip, or with the B-D Luer-Lok tip as illustrated—has found a remarkably wide field of usefulness. Used with a B-D 300 cc. gravity tube, a glass observation tube, and B-D rubber tubing (Outfit No. K606/0, price $6.50), it is standard equipment with many surgeons for following operations:

INJECTION OF SALVARSAN BY GRAVITY . . . . . Needle, 20 gauge $\frac{5}{8}$".

CONTINUOUS PHLEBOCLYSIS (*venoclysis*). . . Needles, B-D Titus, B-D Horsley or B-D Lindeman, 16 gauge.

BLOOD TRANSFUSION (*indirect*) . . Needles, B-D Unger 13-18 gauge $1\frac{5}{8}$", B-D Lewisohn 13-18 $2\frac{1}{8}$", B-D Kaliski 13 gauge 2" and also 15 and 18 gauge $1\frac{7}{8}$", B-D Fordyce 13-17 gauge $1\frac{1}{2}$", and B-D Lindeman 14 and 15 gauge $2\frac{1}{4}$", 16 and 18 gauge $1\frac{5}{8}$".

INTRAVENOUS CHOLECYSTOGRAPHY. . . . . . Needle, 19 gauge 2".

In all these operations and in others of similar character, the B-D Kaufman Syringe gives perfect control of the injection. No air can enter the vein, for the circuit is always closed whether the plunger is *in*—to interrupt the flow, or *out*—to permit passage of the solution.

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B-D PRODUCTS *Made for the Profession*

XUM

whether the mother has been examined for venereal disease. Even stronger objections are voiced against other inquiries into the obstetrician's methods of delivery.

Protests against the forms have been lodged with the health department and the District Medical Society. The latter, which had previously approved the blanks, is now reconsidering.

In New York City, local professional ire has been aroused by a Supreme Court ruling that a physician's case histories may be examined by the legislature, if not by the courts. The court further ruled that jail is the proper place for doctors who persist in keeping such records confidential in the face of legislative demands.

The decision was handed down in the case of Drs. S. S. Goldwater, city hospitals commissioner, and Rudolph Rapp, medical superintendent of Lincoln Hospital. They had declined to turn over Lincoln's clinical findings to a committee of laymen probing "unnecessary deaths" at the institution. Explaining that all other records had been made available to the committee, Dr. Goldwater said that he would allow only physicians to see the patients' histories. The committee then took him to court.

Federalized Ambulances?

Substitution of a Federal ambulance program for President Roosevelt's proposed hospital building boom is urged by Dr. Nathan Van Etten. Before the Tennessee State Medical Association at Chattanooga, the incoming A.M.A. president pointed out that modern roads have brought rural patients within reach of hospitals in nearby cities. The supplying of ambulances by the Government to these institutions, he emphasized, might improve this service. Whether new hospitals should be constructed, he



WHEN MENSTRUATION

"passes the Borderline and becomes Abnormal"

In many cases of functional aberration, associated with or caused by uterine deficiency, Ergoapiol provides welcome relief from discomfort by aiding in the normalization of menstrual expression.

All the alkaloids of ergot (prepared by hydro-alcoholic extraction), which are incorporated in Ergoapiol, and synergetically enhanced by apiol, oil of savin and aloin, exert an unusual sustained tonic action upon the uterus. Thus Ergoapiol effectively induces local hyperemia, and stimulates smooth, rhythmic uterine contractions. In addition, it constitutes a potent hemostatic agent to control excessive bleeding.

Ergoapiol is also a desirable oxytocic, of benefit in facilitating involution of the postpartum uterus.

INDICATIONS

Amenorrhea, Dysmenorrhea, Menorrhagia, Metrorrhagia, Menopause. In Obstetrics.

DOSAGE

One to two capsules three or four times daily.

HOW SUPPLIED

In ethical packages of 20 capsules.

Let us send you your copy of the informative brochure, "Menstrual Regulation."

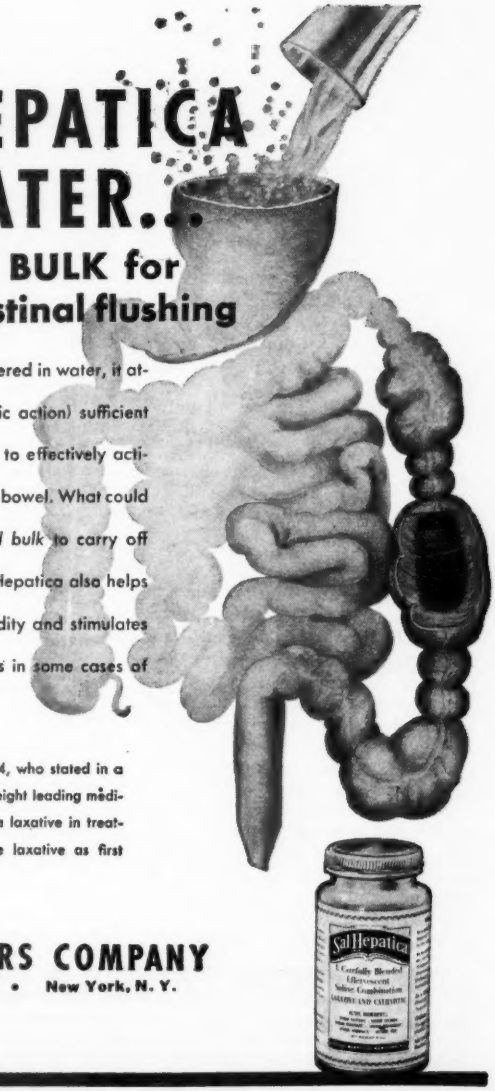
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THE PREFERRED UTERINE TONIC

SAL HEPATICA +WATER...

=LIQUID BULK for smooth intestinal flushing



As Sal Hepatica is administered in water, it attracts or retains (by osmotic action) sufficient *liquid bulk* in the intestines to effectively activate, flush and lubricate the bowel. What could be more gentle than *liquid bulk* to carry off waste in constipation? Sal Hepatica also helps offset excessive gastric acidity and stimulates bile flow . . . accessory aids in some cases of constipation.

1704 physicians out of 1954, who stated in a recent survey conducted by eight leading medical journals that they used a laxative in treating colds, selected a saline laxative as first choice.

BRISTOL-MYERS COMPANY

19-11 West 50th Street • New York, N. Y.

added, depends upon whether communities can maintain them after they are built.

Home-Made Incubator

An inexpensive, home-made incubator that any doctor can duplicate drew much professional attention at the Minnesota State Medical Association's scientific exhibit in Rochester.

It is made of an ordinary packing box, covered inside and out with pliofilm (rubber sheeting or oilcloth are satisfactory substitutes). The box is connected to an oxygen cylinder by rubber tubing. Two hot-water bottles complete the arrangement. Total cost: less than $5.

The value of the device to country doctors was stressed at the exhibit. In emergencies, it is pointed out, a container of oxygen can be obtained from a garage and such an incubator set up in a few minutes.

The Forgotten Third

About one third of the patients who consult internists "do not have any definite bodily disease," according to Dr. Edward Weiss, of Temple University's School of Medicine. The real causes of their suffering, he has informed the American College of Physicians, are "disturbances in their emotional lives." He explained: "Long-standing dissatisfaction in business, social, or home life, [are] manifested by bodily symptoms, mimicking almost any disease, or attacks of anxiety, obsessions, phobias, depression, and other disturbances."

To cope with these cases, "every physician should be trained in psychological medicine," Dr. Weiss believes. He urges colleagues to "study man not only as an anatomical and physiological mechanism but as a human being, possessed of loves, hates, urges, and passions capable of disturbing soul and body."

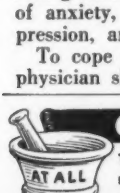
Political Security

Social Security is wrapped in a maze of political red tape, according to testimony brought out at the American Association for Social Security's annual conference in New York City. Citing unemployment insurance as an example of the prevailing bureaucracy, Peter T. Swanish, Illinois commissioner of placement and unemployment compensation, declared that this one division of the program is administered by "hundreds" of overlapping agencies. No less than fifty-one statutes have already been passed to regulate this single activity, he added, and warehouses throughout the nation are rapidly being requisitioned for the "millions" of records required. He charged that the bookkeeping organization alone is so vast that it is the "tail which is wagging the administrative dog."

The Hospitals March On

Not long ago, 1,000 executives of hospitals in eleven States gathered at Los Angeles under the aegis of the Association of Western Hospitals. Their purpose: To consider means of bettering institutional care of the sick.

Dr. Fred G. Carter, president of the American Hospital Association, advised more considerate treatment of worried relatives of hospital pa-



CHECKS PRURITUS ANI and VULVAE

The quick relief afforded by Resinol in any pruritic condition, makes it of inestimable therapeutic value. Can be used freely even where extreme irritation exists. Test it in some stubborn case.

Professional sample on request
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RESINOL

How completely do infants digest quick-cooking cereals?



To determine the answer to this question, a prominent pediatrician, head of a large children's hospital, conducted an investigation among 26 infants between the ages of three and 24 weeks.* Fourteen were limited to a diet of "New 5-Minute" Cream of Wheat; while the other twelve were fed a mixture of three well known hot wheat cereals of the slow-cooking type.

The "New" Cream of Wheat was cooked five minutes; the other hot wheat cereals, half an hour.

Result. Upon examination of the 26 stools, not a single starch granule was observed.

Significance. There is apparently ample justification for the statement that "New 5-Minute" Cream of Wheat cooks to complete digestibility in five minutes of boiling.

Besides quick-cooking, made possible by an exclusive new process of pH control, this improved cereal offers additional advantages. It contains added phosphorus, calcium, iron and Vitamin B_1; and it tastes richer, wheatier. In no other respects does it differ from the "Regular" Cream of Wheat many physicians have advised for 45 years. Both are now available, at the same price, at most food stores.

For further information and clinical samples, write to The Cream of Wheat Corporation, Dept. V6, Minneapolis, Minn.

***Complete report soon to be published.**

Mineral and Vitamin content of "NEW 5-MINUTE" CREAM OF WHEAT in average servings of 20 grams

PHOSPHORUS	118.0 milligrams
CALCIUM	101.0 milligrams
IRON	8.5 milligrams
VITAMIN B_1	11.0 Int'l Units

"Cream of Wheat" Reg. U. S. Pat. Off.

tients. Inquirers are not satisfied, he said, to be told over the phone that the patient's "condition is unchanged" or that he is "resting comfortably." Some more detailed answer, he stated, should be given.

Hospital staff members were further advised to make a point of using the patient's name on every appropriate occasion. The Rev. Paul R. Zwilling, American Protestant Hospital Association head declared: "No person likes to be referred to as a room number; 'the appendix in 203'; a 'hot tube'; 'dope'; 'crack-up'; or any of the other terms heard around hospital corridors... With a little effort, his [the patient's] importance can be emphasized and personalized in a way that will be greatly appreciated."

Most fertile source of suggested reforms was Raymond Brisbane, junior past-president of the Association of California Hospitals. He pictured the hospitals of the future located near airports, for the convenience of doctors who arrive by plane. Among his other proposed innovations: doors that are opened automatically by "electric eyes"; unbreakable crockery; and aides to lift the burden of "unprofessional tasks, such as carrying water," from nurses. Brisbane would also see the replacement of physician-anesthetists by non-medical women assistants.

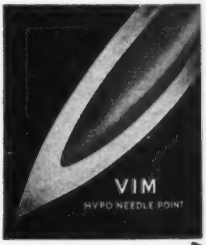
"Why not a pretty anesthetist rather than a bewhiskered doctor?" was the way he put it.

Connecticut Tops Rivals

Capturing three first prizes, Connecticut has cornered the honors in the city health conservation contest sponsored by the U.S. Chamber of Commerce and the American Public Health Association. Communities whose health programs gained lead-



Did You Say—
"Razor-sharp Points?"



Yes, I said—

"Razor-Sharp Points"

And that's why I want VIM—the needle with the razor-sharp point that stays sharp. A dull-pointed needle punches a hole in tissue and veins—a VIM needle gently pierces. It keeps its razor-sharpness because it's made from real stainless cutlery steel—Firth-Brearley. You want sharpness in razors, knives and needles; that means *cutlery* steel for all three.

VIM
Trade Mark Reg. U. S. Pat. Off.

Put VIM on your next needle order. Its point is sharp; and VIM points stay sharp.

Made from Firth-Brearley Cutlery Steel
"The 'Sterling' of Stainless Steels"

MacGREGOR INSTRUMENT CO., Needham, Mass., U. S. A.



THE moderate price and the wide range of utility of this popular number makes Ralks' Ideal Treatment Unit outstanding as an apparatus for office or clinic use.

The new spring suspended motor unit is equipped with a carrying handle and can be taken out of the cabinet and carried to patient's home with bottles and the necessary accessories.

Some of the outstanding features are: black glass top; heavy duty noiseless motor; rotary compressor connected direct to motor; air filters that keep air stream free from oil and dust; gauge to determine negative pressure; regulating valve that checks negative pressure; two way valve to direct air to spray tube or to ether bottle; regulator to control ether vapor flow; ether and vacuum bottles 32 oz. size; large rubber tired casters making cabinet easy to move.

Cabinet is finished in Mahogany, walnut, or white enamel. All trim is chromium plate. Furnished with accessories as illustrated. It makes a handsome serviceable unit for any office.

Complete with ether bottle (white enamel cabinet)..... $160.00
Without ether bottle (white enamel cabinet)..... 145.00

Either unit in walnut or mahogany finish $5.00 extra.

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SKLAR

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ership for the Nutmeg State are Greenwich, Hartford, and New Haven.

Runner-up was New Jersey with two winners—Englewood and Plainfield. Only other city to achieve top-ranking was Milwaukee, Wis. Rural centers rated class A are Fayette County, Ky.; St. Mary's Parish, La.; Lauderdale County, Miss.; Wasco County, Ore.; and Union County, S.D.

A committee of public-health authorities, led by Dr. W. S. Rankin, were the judges. Awards are not necessarily made to the healthiest communities, but to those judged to have the best public-health safeguards.

Offer Cash for Posters

Physician-artists are invited to compete in a nation-wide poster contest conducted by the American Society for the Control of Cancer. The contest, announced by Dr. Clarence C. Little, the organization's managing director, posts cash prizes totalling $1,875 for the ten best posters stimulating "public interest in control of cancer, support of the educational movement, endowment for research, and [delivering] a hopeful message to a public to which cancer spells fear."

First prize is $1,000; second prize, $500; third prize, $250. Awards of from $50 to $10 will be presented to the designers of the next seven posters selected. Entries will be judged by a jury of physicians and artists on the basis of "beauty, originality, and ability to convey the desired message." They must be sent to the National Alliance of Art and Industry, 119 East Nineteenth Street, New York City, between Oct. 1 and 12.

Charity Toward Staffs?

Are charitable hospitals responsible for injuries suffered by their staffs in the course of duty? That question is up for the decision of Justice James M. Proctor, of the District [of Columbia] Court.

Georgetown Hospital officials have entered a claim that such institutions are not liable for damages. Their action followed a $20,000 award by a District Court jury to Susan M. Hughes, a former nurse at the institution. Justice Proctor reserved his decision.

Miss Hughes testified that she was permanently disabled as the result of a blow from a swinging door suddenly opened by a fellow-employe in the hospital.

Minnesota Hits Insurance

After a look at profession-operated voluntary health insurance programs in California and Michigan, the Minnesota Medical Association has turned thumbs down on the suggestion that it embark on a similar venture.

In a report on these experiments,

FOR THE PREVENTION OF VENEREAL DISEASE

Immediately After Exposure

The use of a tested and proven prophylactic to kill syphilis and gonorrhea germs, immediately after exposure, is advocated by leading health and medical authorities.

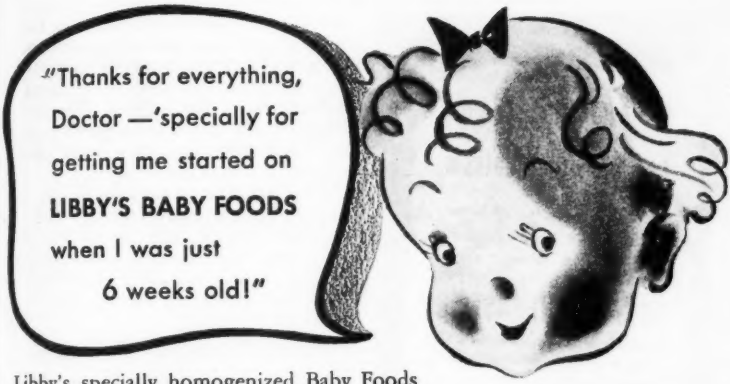
Andron, the original chemical prophylactic tube, is highly germicidal, harmless to tissues and easy to use.

FREE—8-page educational booklet for distribution to your patients. As many copies as you wish on request—also specimen tube—without any charge . . . Dept. 20 Andron Co., Inc., 135 East 42 St., New York.

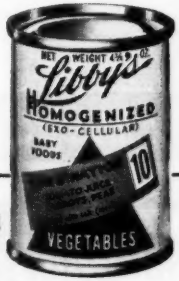
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Libby's specially homogenized Baby Foods have been accepted by the Council on Foods of the American Medical Association for feeding as early as one or two months. They are extra easy to digest because they are first strained and then specially homogenized to make them extra smooth and uniform in texture.



Libby's SPECIALLY HOMOGENIZED* BABY FOODS

ACCEPTED AMERICAN MEDICAL ASSN.

* Special homogenization of baby food vegetables, fruits, cereal and soup is an exclusive Libby process that breaks up cells, fibers and starch particles, and releases nutriment for easier digestion. U. S. Pat. No. 2037029.

NEW... Libby's Chopped Foods!

Coarser but uniformly textured foods — just right for the intermediate age when babies are outgrowing specially homogenized foods but are still too young for adult dishes. Ten varieties — carrots, beets, spinach, green beans, prunes, pears, peaches, apricots, meatless soup, liver soup.

Libby's Chopped Foods have been submitted to the Council on Foods for acceptance.

COPR. 1940, LIBBY, McNEILL & LIBBY

NOTE: For summary of clinical and laboratory research on Libby's specially homogenized Baby Foods, write on your letterhead or prescription blank to Libby, McNeill & Libby Research Laboratories, Dept. ME 60. Chicago.

13 DIFFERENT VARIETIES

Single Vegetables
Carrots · Spinach · Peas

Vegetable Combinations
No. 1 Peas, beets, asparagus
No. 2 Pumpkin, tomato, green beans
No. 3 Peas, carrots, spinach
No. 9 Peas, spinach, green beans
No. 10 Tomato, carrots, peas

Fruit Combinations
No. 5 Prunes, pineapple juice, lemon juice
No. 8 Bananas, apples, apricots

Cereal Combination
No. 4 Evaporated milk, whole wheat, soya flour

Soups
No. 6 Vegetables, chicken livers, barley
No. 7 Vegetables, soya and barley flour

Libby's Evaporated Homogenized Milk —pure, economical, convenient. An ideal milk for babies.

IN ARTHRITIS and
Chronic Rheumatism

many clinicians report beneficial results from sulphur, calcium, and iodine. Hence,

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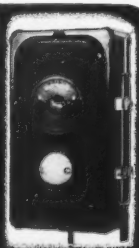
which supplies these, plus a potent eliminant of metabolic waste, tends, when given per os, to relieve pain, reduce swelling, and improve motility.

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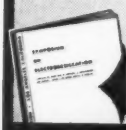
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Dr. W. F. Braasch, chairman of the society's medical economics committee, noted: "People who can afford to pay on the old basis are availing themselves of the services. But the lower-income group for whom it [voluntary health insurance] was designed, is not being reached."

The society's committee on sickness insurance, headed by Dr. A. W. Adson, endorsed this viewpoint, at the same time blasting compulsory insurance as providing "inferior" care at "staggering" cost.

France Wars on Refugees

Before the present war, France welcomed refugee physicians. Today all that is changed. The French confederation of medical syndicates is behind a proposal to deny citizenship to alien doctors who "take advantage of French hospitality."

French doctors explain their change of heart in relating that many refugees have refused to accept the country practices offered them. Instead, they have migrated to cities. Then when the local physicians were dragged off to war, the foreigners—not being eligible for army duty—took over their practices.

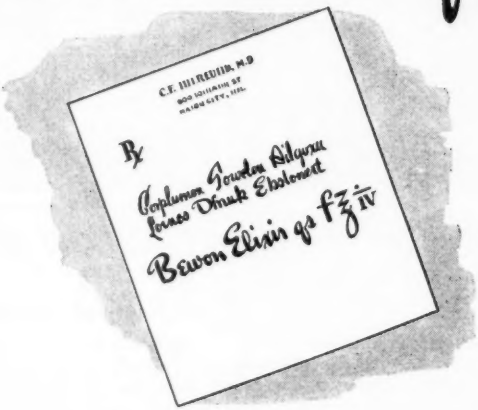
On this side of the water, a recent study by the American Medical Association shows that more than 50 per cent of European-trained practitioners who took U.S. licensing exams in 1939 flunked. Over 97 per cent of the graduates of approved American schools passed.

Another Coast Crisis

San Francisco's compulsory health insurance project for municipal employes appears headed for another crisis. Aroused after the system's first year of operation netted them an average of only $255.37 apiece, panel practitioners are demanding further administrative reforms.

Their joint protest, through the county medical society, asks a sec-

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Standardized to contain 500 International Units of Vitamin B_1 (thiamin chloride) BEWON ELIXIR stimulates the appetite and is indicated in Vitamin B_1 deficiencies.

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A Vehicle that Stimulates the Appetite

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JOHN WYETH & BROTHER, INCORPORATED, PHILADELPHIA, PA.

ond revision of the fee-schedule, and exclusion of medical benefits from the hospitalization contract. But most important request is this: That premiums either be raised or their responsibilities lightened.

The directors' report of the "success" of the experiment has irked the physicians, who assert that the organization's books have been balanced at their expense. Citing "the arbitrary way in which visits to patients were disallowed," they point out that 34 per cent of their bills went unpaid. If the program can be called a success, they add, the "largest single factor" is their forced contribution of $132,041.28 worth of free attention to subscribers.

Marathon Blood Donor

If you run into a case of staphylococcus aureus septicemia, and need a donor for a transfusion, the person to contact is Mrs. Rose McMullin, of Washington, D.C. She is said to be the only adult whose blood is useful in combatting this disease.

Wife of a Capital businessman, Mrs. McMullin became a donor in 1935, when her three-year-old niece acquired this disease.

"If we could give her a transfusion from someone who has recovered, she might have a chance," her doctor said. "But I don't know of anybody who has recovered. . ."

Mrs. McMullin interrupted him.

"Infect me," she said calmly. "I will recover. Then my blood can be used."

Despite warnings from consultants, Mrs. McMullin insisted upon going through with the experiment.

It was a success. The little girl was saved.

Her aunt was so grateful that she resolved to aid other patients similarly stricken. Since then, she has participated in from 250 to 300 transfusions; given up to three and a half pints of her blood a week.

For this, she receives only her expenses. She never takes a fee.

Silicosis Rewards Rise

Financial encouragement for physicians attending silicosis sufferers has materialized in New York State, in the form of increased workmen's compensation benefits for this disease. The new law lifts maximum grants to silicosis victims from $3,000 to $5,000. It also extends the hospitalization allowance to 360 days and provides that exposure to harmful dust for sixty days shall be presumed injurious, except where evidence exists to the contrary.

British to Draft M.D.'s

Dissatisfied with the response of English medical men to the call to arms, His Majesty's government is considering conscription of all physicians up to age 50. Under this proposal, advocated by the British Medical Association, the first class called would be doctors under 28 years old. Then the draft age would be gradually extended "according to the exigencies of the future." Conscripts would be given junior commissions and parcelled out to the army, navy, and air force on the basis of their requirements.

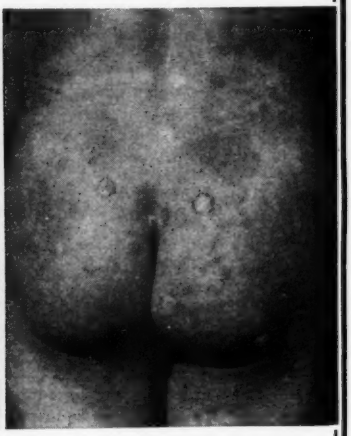
With the enemy now in possession of new bases in Norway, the govern-

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in the treatment of the most obstinate skin diseases have convinced countless physicians of its therapeutic value.

Mazon has the widest sphere of application in the treatment of skin diseases and is free from side action.

By personal clinical tests and observations, physicians are proving to their own satisfaction the unusual effectiveness of Mazon.

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Mazon Soap is an important factor in Mazon treatment. It properly cleanses the affected areas, before the application of Mazon.

Samples and Literature on request.

BELMONT LABORATORIES, INC. PHILADELPHIA, PA.

ment has hastened to set a fee-schedule for air-raid injuries. Under an agreement with the B.M.A., the Ministry of Health will pay physicians $3, plus the cost of drugs and dressings, for each civilian casualty treated. Should the patient need further care, however, the doctor must refer him to a hospital.

White Physician's Burden

Inspired by the example of politicians in the United States, Dr. Antonio Villarama is out to bring government-controlled medicine to the Philippines. Once president of the Philippine Medical Association, Dr. Villarama picked up a number of pointers on this subject at recent conferences with officials in this country.

Entering wedge of his movement will be the Villarama Bill, a kind of Philippine Wagner Act. It calls for a survey of the medical needs of the islands' neglected patients. Once he has this information, Dr. Villarama believes that establishing the government program itself will be easy.

Facts About Syphilis

N.Y. World's Fair visitors are being queried by the U.S. Public Health Service regarding their knowledge of syphilis. Purpose of the quiz is to answer the question: "Has the venereal disease educational program given the people facts upon which they can take action?"

Opinions are sought by questioners stationed in the Medicine and Public Health Building. Replies are rated by machine.

That the Federal authorities themselves might not score 100 per cent on such a test was demonstrated in Oklahoma City by a visiting syphilitic. Poser with which he temporarily stumped officials was this: By travel-

Prevent Infection

Outdoor activities at this season cause many minor injuries for which physicians require an antiseptic.

MERCUROCHROME, H. W. & D., satisfies your antiseptic requirements. Tablets or powder provide convenient means of preparing stock solutions. Solutions do not deteriorate, providing for economy in use.

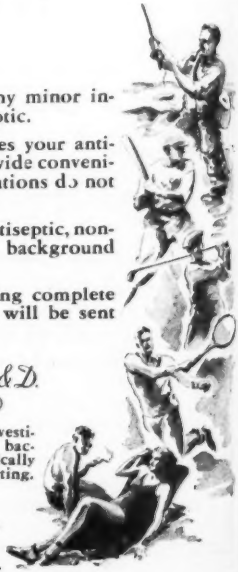
Mercurochrome, 2% aqueous solution, is antiseptic, non-irritating and non-toxic in wounds. It has a background of nineteen years of clinical use.

A comprehensive medical booklet supplying complete information about Mercurochrome will be sent to physicians on request.



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Every "H. W. & D." product is investigated and proved chemically, bacteriologically and pharmacologically in our laboratories before marketing.



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Baltimore, Maryland

A June breakfast with well rounded nutritional values



With fresh berries coming into the market we suggest this one-dish breakfast with a pleasing blend of flavor and a wide range of vital nutrients. It consists of National Biscuit Shredded Wheat, milk and strawberries.

These biscuits are whole wheat (nothing added), steamed and then toasted crisp in the form of tender strands. An analysis of National Biscuit Shredded Wheat plus a cupful of milk shows the following nutrients naturally present:

CARBOHYDRATES. Our product is 77% carbohydrates. Milk has about 5%.

PROTEIN. Our product is 10% protein. Milk has over 3%.

IRON. Our product is an excellent source, with .0034%. Milk has .0002%.

CALCIUM. Our product has .04% Milk has .12%.



PHOSPHORUS. Our product has an excellent content, .42%. Milk has .09%.

VITAMIN B_1. Approximately 120 Sherman-Chase units in two biscuits. One cupful of milk adds approximately 77 Sherman-Chase units.

VITAMINS A and G. Our product gives these vitamins in lesser quantities. Milk is rich in both of them.

ENERGY. In two biscuits and one cupful of milk are approximately 370 calories.

Add to this the Vitamin C provided by strawberries, and you have a breakfast of well rounded nutritional values—a breakfast hearty and hunger-staying but not extremely heavy.

Its low cost and the speed and ease of fixing it make it a practical breakfast for any family or institution. It has been found that National Biscuit Shredded Wheat has an appeal to the majority of tastes. It is pure whole wheat in an exceptionally appetizing form, without artificial flavoring of any kind. The needed minerals and vitamins make it widely acceptable as a well balanced morning meal.

Through more than forty years in millions of homes, billions of National Biscuit Shredded Wheat breakfasts have been enjoyed.

National Biscuit Company
Address: New York, N. Y.

ing from Hot Springs, Ark., to Oklahoma City, had he violated any law?

On looking into the records, U.S. Commissioner Paul Showalter found that he had. Syphilitics, he learned, are forbidden by Federal statute to cross State boundaries without a permit from a health officer. Passed in 1827, this law originally covered "contagious or infectious diseases"; was amended in 1908 specifically to include syphilis.

Further suggestion that much is yet to be learned about the facts of syphilis comes from the N.Y. State Labor Department. Blood tests of employes in the dye, printing, hat, fur, and manufacturing industries, it was announced, discredit the theory that 10 per cent of workers are infected; place a truer estimate at 1 per cent. The department examined 700 workers in these fields; 10 per cent of them women; 2 per cent colored. Total found infected: seven white males.

Heroes Enter Valhalla

Two more names were inscribed on medicine's mythical roll of honor with the passing of Drs. T. A. Groover, of Washington, D. C., and Thomas P. Farmer, of New York.

The two physicians died within a few days of each other, after careers in which both acquired cancer in the course of researches designed to check that disease. Both men refused to abandon their efforts on behalf of humanity, though they knew this was the only chance of saving themselves.

In an editorial on Dr. Groover's death, The Washington Star paid him a tribute in which Dr. Farmer might well have shared:

"It was his privilege to prove a number of things, not the least of which was the essential nobility of the human soul in a world which increasingly demands self-sacrifice of its most heroic personalities."

—And Sudden Illness

"A healthy driver is a safe driver." With this slogan, Manhattan officials are conducting a campaign to persuade motorists to check up on their physical condition. Postcard-size leaflets, prepared by the health department and distributed by the police, advise drivers: "See your doctor today. No health examination is complete without a blood test."

Commenting on the program, local police chiefs stated: "There are many accidents caused by sudden illness of drivers. We hope to impress all with the need for periodic health examinations."

Unpaid Accounts Taxable

Uncollected accounts remaining on a physician's books at his death will henceforth be considered "income received" by the Federal government. While allowance will be made for

TESTED BY TIME

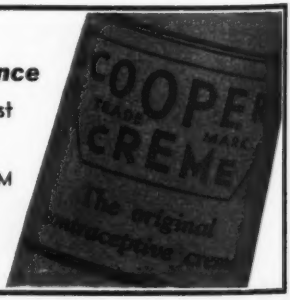
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We invite you to test UVURSIN



The increasing acceptance of UVURSIN by the medical profession is due not to what we say about UVURSIN, but to results physicians themselves have observed in their own practice.

You naturally have confidence in a product after you have personally noted improvement in one of your own cases—and we know of no better way to prove to you the efficacy of UVURSIN than to offer you the opportunity to test it yourself in a case of your own selection. Symptomatic and clinical improvement will convince you.

If you wish to prescribe a trial treatment, we will send you a 27-day quantity (three plain prescription boxes of 54 capsules each) by insured mail without cost or obligation.

ORAL • INNOCUOUS • EFFICACIOUS

PREPARED FOR PRESCRIPTION PURPOSES ONLY

JOHN J. FULTON COMPANY, 88 First Street, San Francisco.

Please send me 27-day supply of UVURSIN without cost or obligation.

Dr. .....

Street .....

City ..... *State* .....

collection losses, the U.S. Board of Tax Appeals announces that the bulk of such accounts will be subject to the usual income tax.

Effect of this will be to boost both normal tax and surtax on the income of the doctor's last year in practice. Two precautions recommended by the Michigan state journal of medicine are: Keeping a "collection efficiency" record, to assure your estate a fair deduction for bad accounts; and taking out term insurance, to protect survivors against abnormally heavy cash demands by the Government.

For Janitors Only

Tenants of a San Francisco professional building are still trying to find a moral for the story of their late encounter with political bureaucracy.

Managers of the building recently decided to enlarge its ten-bed emergency hospital. This required a new city permit.

When application was made to Fire Chief Brennan, he responded with this question:

"Are all the patients janitors?"

"Hardly."

"No permit," said the Chief firmly, explaining that it's against San Francisco law for anybody but a janitor to go to bed in an office building.

The distracted doctors took their troubles to the health department, which passed the buck to the city attorney's office. The latter supported the Fire Chief—nobody but janitors.

Result: The health department had to deny a permit to the hospital—even as formerly constituted. But the last straw, so far as the doctors were concerned, was this: The man who turned them down was the health department's Dr. George Becker—who maintains a private office in this very building and who for years has sent patients to its hospital.

Test Town for TB

Elmsford, N.Y., may soon be the guinea pig for what is claimed to be America's first community-wide tuberculosis testing. Chief obstacle in the way of the experiment is obtaining the consent of the town's 3,200 inhabitants, whose tuberculosis mortality rate of 70 per 100,000 is far above the national average. To determine the patients' attitude, a house-to-house canvass is now being conducted. A citizens' committee has already approved the venture, and the American Legion has donated its hall for the examinations. Lone objector so far on record is Dr. A. R. Goodman, who holds that the project constitutes "regimentation."

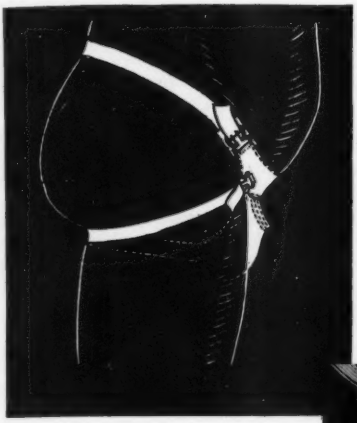
Death and the Doctor

Death comes to the average American doctor at 66, according to an analysis by the American Medical Association based on 3,710 deaths of physicians recorded in 1939.

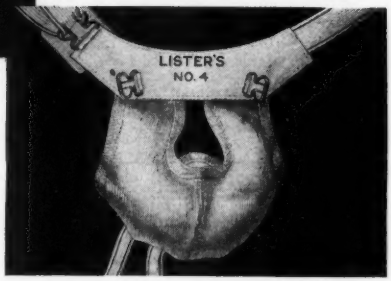
Although in many cases the grim reaper struck early—thirty-five died before they were 30—the most popular age among professional men for shuffling off this mortal coil is between 70 and 74. No less than 569 passed away during this stage. A goodly number—970—lived to be from 75 to 95. Three were 95 or more at their decease. One reached 106.

For the majority, the end came

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quietly—from heart disease, in 1,585 instances. Arteriosclerosis, pneumonia, cerebral hemorrhage, cancer, and nephritis followed, in that order, as causes.

Accidents snuffed out the careers of 159 during the year. Nearly half of these were auto-accident victims. Falls, burns, and drowning all contributed to the toll. Five M.D.'s were accidentally shot and three killed in airplane crashes. One succumbed after falling off a horse, another tumbled to his doom down an elevator shaft, and a third was fatally injured on a golf links. One froze to death. Three died after an overdose of their own medicine.

Eighty-one committed suicide. Thirty-five of these preferred a bullet as the way out, while eleven took poison. Gas, hanging, slashing, or stabbing accounted for twenty-two more.

Seven physicians were reported murdered.

Among the losses were 78 who had also been politicians; 45, writers or editors; 28, bankers; 18, missionaries or clergymen; 6, pharmacists; 5, postmasters; 4, attorneys; 3, justices of the peace; one dentist; and a judge.

Tip on a Tipster

Physicians who follow the ponies are warned by Port Chester (N.Y.) police against a new type of racket. First to work it was a nervous little man with diseased tonsils who walked into a local practitioner's office not long ago and requested a tonsillectomy.

The doctor warmed to his "patient" when the latter told him that they both bore the same family name. He was even more impressed by the fellow's gratitude after he had arranged for his admission to United Hospital that evening.

"You've been so nice," the little man cooed. "Now I'm going to do

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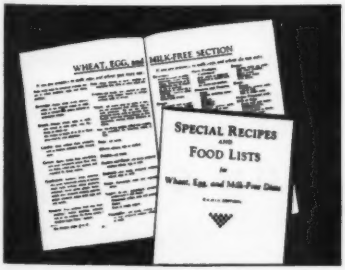
Made of pure whole rye, water and salt, Ry-Krisp is a safe bread in special diets for those sensitive to wheat, milk or eggs. Each wafer (6 grams) contains 6 I. U. vitamin B_1.



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Unlike many leavened breads which contain wheat, eggs or milk, the three principal allergens, Ry-Krisp is made simply of pure whole rye, water and salt. Therefore, it is a safe bread to include in these special diets.

Tempting in appearance, delicious and satisfying in flavor, Ry-Krisp goes well with every kind of food and beverage. It is available at most food stores throughout the United States and Canada.



Convenient Allergy Diets now available to the profession

These wheat, milk and egg-free diets state simply and clearly what foods are allowed or forbidden; give recipes for safe, appetizing dishes your patients can enjoy. No advertising is shown.

For free supply of Allergy Diets and samples of Ry-Krisp, simply write, on your letterhead, to Ralston Purina Company, 961E Checkerboard Square, St. Louis, Mo. This offer limited to residents of U. S. and Canada.

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something for you. I work at the racetrack. I've got a tip on a horse...

"It's a sure thing," he murmured, counting the $15 given him by the physician as he left the office to "place the bet."

Needless to say, neither horse nor tipster ever came in.

In broadcasting an alarm for the scoundrel, Police Chief A. Leo Brogan declined to disclose the blushing victim's identity. "He's a very respectable physician in our community," he said.

MEDICAL ECONOMICS has also received complaints from New Jersey physicians regarding the activities of this swindler. In each case, he is reported to have used the physician's last name to establish an acquaintance.

Meanwhile, the Midwest profession is on the lookout for a light-fingered stranger who paid an expensive visit to St. Mary's Hospital in Streator, Ill. While surgeons worked in the adjacent operating room, he casually entered their dressing room and rifled their street clothes of $125; then casually strolled out of the hospital to freedom.

Polio's Sister Kenny

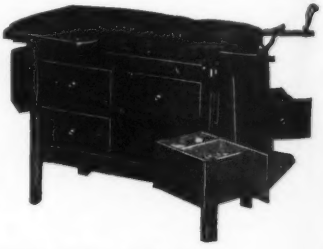
American physicians recently got their first glimpse of Sister Elizabeth Kenny's almost fabulous treatment of poliomyelitis. The motherly, middle-aged nurse, boss of Australia's Kenny Clinics, has come up from Down Under to demonstrate her methods to specialists in this country.

Georgia's Warm Springs, the Mayo Clinic, and other treatment centers were scheduled stops on her tour. With her she brought a letter of recommendation from the Queensland government, which has subsidized her work to the tune of $250,000 and is satisfied with its investment.

As she tells it, Sister Kenny found

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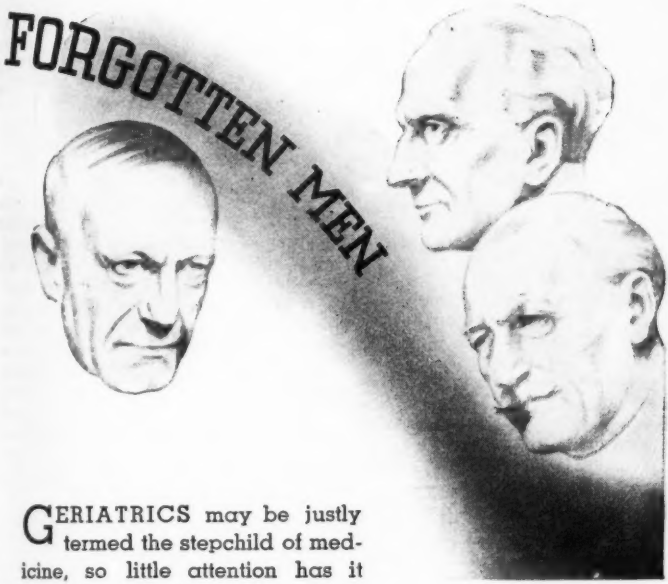
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GERIATRICS may be justly termed the stepchild of medicine, so little attention has it received, and the aged are "forgotten men." Yet, medicine can provide much comfort to ease the infirmities of old age, among which constipation is almost ever present.

You will find, as many physicians have already found, that Agarol is the preparation well-suited to the treatment of the obstinate constipation of advanced years. The contents of the colon are softened by unabsorbable moisture, evacuation is made easy and painless and devoid of dangerous straining. Such action is, of course, desirable not only in the aged, but in every age group. Agarol is gentle enough for the young child, yet in proper dosage active enough for the adult.

A trial supply of Agarol will be gladly sent to you. It is supplied in bottles of 6, 10 and 16 ounces.

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her treatment in the Australian bush when she was a young nurse. She has never disclosed her secret to other nurses, she relates, but has directed many doctors in its application. Her method differs from others in not utilizing immobilization, splints, and plasters, and is said to have been successful in 90 per cent of 2,000 acute cases.

U.S. Medicine Prepares

Medical schools throughout the country have been requested by the U.S. Army to establish postgraduate courses in "military medicine." Among the first to comply is Harvard, which will conduct such a course this month. It is open to all physicians holding an active or reserve commission in the army medical corps.

In the event of America's entrance into the war, doctors may meet some competition for medical posts from Seventh Day Adventists. Because its members are "traditionally non-combatants," this sect has installed medical-training courses in its junior college at Fort Worth, Texas, and senior college in Lincoln, Neb. Disavowing any "pacifism," the Adventists claim that their new medical interests are the logical expression of their right to serve belligerents in a peaceful manner.

Would Tax Practice

San Francisco politicians have revised their plan to tax local doctors for the privilege of practicing within the city limits. Now they want to collect from physicians on the basis of the age of their practice, rather than their gross income. They propose that during his first five years in practice, the doctor would hand over $4 annually to the city; from his sixth to tenth year, $8; eleventh to twentieth year, $12. After that, the rate would decline proportionately until veterans of twenty-five or more years service would be let off with a mere $1 a year.

Local practitioners admit that this is an improvement over the previous measure, which would have taken an $18-to-$500 slice of their annual income. But they are still far from cheering for it. Their main worry is that, once such a law gets on the books, the comparatively modest levy may be boosted at the city fathers' will.

Prefers Jug to Diagnosis

Rather than be a psychiatrist's patient, Reynolds Robertson would cheerfully go to jail. So he confided to Judge John J. Freschi in a Manhattan court.

Former law clerk to Chief Justice Charles Evans Hughes, Robertson had pleaded guilty to writing worthless checks. His sentence of up to five years in Sing Sing had been suspended. Instead, he was committed to Bellevue for mental examination.

The psychiatrists quizzed him, he later declared, until, out of sheer weariness, he refused to reply. Back in court, he asked for a nice, quiet cell.

"I might as well go to prison as be examined by psychiatrists," he explained.

The judge, however, disagreed with this self-treatment. He ordered Robertson back to the hospital for further diagnosis.

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